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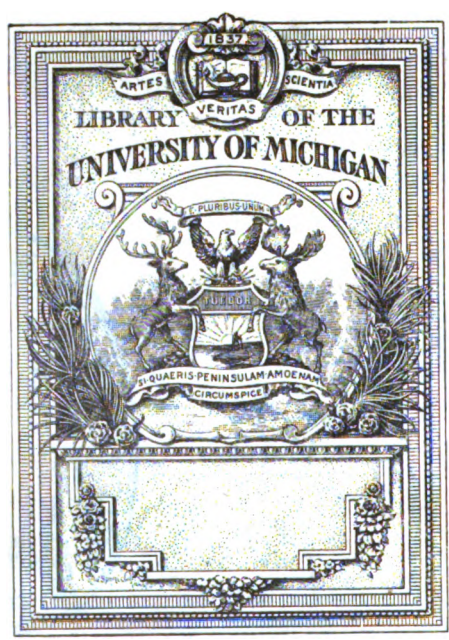
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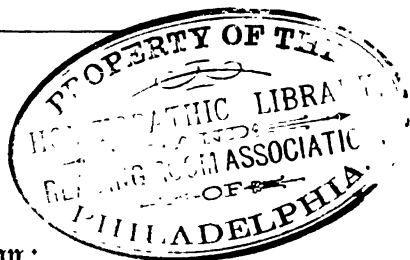
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THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY.

1856-1876.

RATHER more than twenty years have passed away since the first number of our *Review* appeared. How great and how numerous have been the changes which have occurred within the republic of medicine since 1856! During these two decades changes in doctrine, changes in practice, more significant in their import, more salutary in their results, more hopeful in the prospects they hold out alike to the profession and the sick, have taken place than have occurred within any similar preceding period of time. So far as homœopathic therapeutics are concerned, the alterations we have to note are such as might readily have been foreseen. The opposition which our principles encountered when our *Review* first appeared is less demonstrative, less irritating, less powerful than it was. There is a tendency among allopathic practitioners to forget the past rather than to intensify the angry feelings its events excited. The desire of the rising generation of physicians would seem to be to absorb homœopathic practice, to propound it as something new, to explain the good results which flow from homœopathically-acting medicines upon some pathological theory,

rather than upon the obvious but much-detested fact that *similia similibus curantur*. The influence of this lull in passionate invective and unscrupulous persecution is apparent in the writings of homœopathic practitioners of late years. The polemic has, to a very large extent, given place to the scientific. Efforts to secure a very small amount of fair play have been succeeded by endeavours, through studious research, and the careful study of clinical observations, to sustain and amplify our resources; to work out with greater and yet greater accuracy the true scientific basis of the doctrines which lie at the foundation of the practice of homœopathy.

To have reached this stage in our progress towards obtaining that general recognition of the truths we teach, to which we look forward, is a matter of congratulation. We must at the same time regard it as a stimulus to renewed exertions, not as an excuse for inaction. Much yet remains to be done in order that we may secure for the representatives of homœopathy, among medical men, that professional *status* which of right belongs to them, and of which they ought never to have been deprived. Until members of our profession, who publicly acknowledge that homœopathy is true, who openly admit that they avail themselves in practice of the indications afforded by the law of similars in selecting their remedies, and of the resources which the practical development of this therapeutic principle has opened out to them are eligible to membership of medical societies, until hospital and all other public appointments are within their reach, until the hindrances which medical trades-unions have placed in the way of professional association between them and all other physicians and surgeons, until the medical journals are open to receive contributions to their pages from us, we cannot, and we must not, relax our efforts in urging the removal

of these and any other disabilities which the ignorance and prejudices of a former generation of medical practitioners have imposed upon us.

But of yet greater consequence is it that we should continue in the work of research, which has been steadily progressing of late years. The study of the properties of drugs, of their action upon the organs and tissues of the body in health and in disease, is that which especially demands our most careful investigation. Our *Materia Medica*—vast and various as it is—requires much thoughtful study in order to render it as useful to the practitioner as it may be made, as available for reference and as trustworthy at the bedside as it ought to be. Monographs of special forms of disease, showing the homœopathicity of the remedies generally indicated in them, with clinical illustrations of their use, constitute a kind of work in which we ought more than ever to engage—one which, with so large an amount of accumulated experience, it is our duty to push forward energetically.

That progress of this type has marked the course of homœopathy during the last 20 years, the pages of each succeeding volume of this journal bear evidence. The first number was issued in 1856, under the editorship of the late Dr. OZANNE, a sound practical physician, whose scholarship and scientific culture were considerable. Thoroughly convinced that the hope of practical medicine lay in a widely-spread knowledge of homœopathy, Dr. OZANNE commenced the publication of this *Review* for the purpose of supplying a medium for the dissemination of its principles and the support of its practice.

A brief reference to the Introductory Address with which the earliest number of our *Review* opens, will enable us to illustrate the change which has been wrought in the

position of homœopathy since its publication. In that address Dr. OZANNE states that he proposes to himself to take in its pages "a general survey of the whole field of medical science; to give to homœopathy its proper position among the various branches constituting medicine as a science and as an art." This end, we would remark, has been steadily kept in view by all who have hitherto taken a part in the editorial management of this journal.

He also expressed his desire to aid, through the pages of the *Review*, in "the formation of a medical school in connection with a metropolitan hospital, and to obtain for it a Royal Charter entitling it to grant degrees or licenses empowering their holders to practise medicine in any part of the United Kingdom." This design, at the period when it was shadowed forth, was one which, from several points of view, seemed desirable. At that time, or a few years previously, several of the boards of examiners, both in Universities and Colleges, had publicly signified their intention of refusing diplomas to candidates whose inclination to study homœopathy they might succeed in detecting. In one instance, at least, this intention had been carried out in practice. Anything like persistence in such a course would have rendered a special licensing board for homœopathists essential. But within two years the Medical Act became law. The circumstances attending the promotion of this measure, and those which marked its progress through both houses of Parliament, left no doubt upon the minds of homœopathists that it was designed as a weapon for securing their extinction. The result has proved it to have been one eminently conducive to the interests of homœopathy! That Act, by a clause introduced by Lord EBURY, rendered it impossible for any university or licensing board to refuse its degree in medicine, or license to practice, on the ground of any views a

candidate might entertain respecting the theory or practice of medicine or surgery.

By this measure, therefore, the apparent necessity for a new licensing board was done away with; and we believe that since the date of its passing no obstacle has been placed in the way of a candidate believing in homœopathy being admitted into the profession of medicine.

Independently of this very conclusive reason for abandoning such a scheme, we think that its realisation, however much it might have done for the advancement of homœopathists as a medical sect; would have retarded rather than promoted the progress of homœopathy as a therapeutic doctrine. Not only is truth great, but it "will prevail." However considerable the hindrances that may present themselves to the development of a scientific truth, however grievous are the disabilities that may be imposed upon the pioneers of such a truth, it will push its way in spite of them. Truth cannot die. Efforts to strangle it, however ingeniously contrived, however persistently applied, cannot extinguish it. It requires no artificial means to keep it alive, no hothouse care to ensure its growth. It is a hardy plant, which no amount of ungenial atmospheric influences can kill. Hence we believe that the nourishment derived from careful study, skilful practice, instructive literature, well-managed hospitals and dispensaries, together with adequate means for public teaching, is amply sufficient to ensure, at some no very distant period, the adoption by the profession generally of the doctrine of homœopathy. Such a result will necessarily involve the teaching of this doctrine at all then-existing medical schools, and an examination into the knowledge of it possessed by all candidates for admission into the ranks of the medical profession.

Our aim has ever been, and still is, to expound homœo-

pathic therapeutics, to show how far the doctrine of homœopathy is applicable to the treatment of disease, to investigate and describe the resources of the physiological Materia Medica, and to point out to medical men, unacquainted with this method of treatment, its advantages, both from a scientific and a practical point of view, over those empirical and so-called "rational" plans which at present hold the chief place in our medical schools. We have no desire to create a medical sect. On the contrary, our anxiety is that all members of the profession should thoroughly understand and carefully investigate homœopathy. That they should adopt it in their practice, not as a something apart and separate from the science of medicine, but as a doctrine which is an integral and most important part of "its final and supreme stage—the stage of therapeutics." Hence it is, that while we deplore the cowardice and meanness which blurs the writings of some physicians who, while accepting as true and teaching as valuable the practical lessons they have learned from homœopathy, do nevertheless denounce that doctrine as baseless, and eschew as unworthy of professional association the very men from whom they have derived the knowledge they communicate to their pupils and friends as the result of their own, of what they represent as original work; while, we repeat, we deplore all this, we do nevertheless rejoice most thoroughly to see the rapid dissemination through their (or any other agency) of the teachings we have endeavoured to press upon their notice. That homœopathy is being rapidly adopted by the profession, in practice if not in name, we know; and we have sufficient confidence in the ultimate triumph of justice, of right over might, to believe that in no long time the fact that it is to homœopathy, to the determination of that comparatively small band of physicians known as homœopathists, that the prac-

tice of medicine is indebted for much of what is now, in deference to professional prejudice, allowed to pass as "empiricism."

It is to the attainment of this end that our efforts must be more than ever directed. We must endeavour to render homœopathy not only attractive to the public (that has been, in a large measure, accomplished), but to make it understood and appreciated by the profession. The ordinary avenues through which medical doctrines are introduced to the profession—its periodical literature and societies—are meanwhile closed to us; but we must not regard such a barrier to progress as this as insurmountable. By the circulation among medical men of this and other journals in which homœopathy is taught and illustrated, by the promotion of the School of Homœopathy, of which we trust that 1877 will see the establishment, and by the sustaining of our Hospital in full vigour, much, very much, may be done to arouse the sullen attitude of the dominant majority, and to attract the attention of the more thoughtful portion of the junior members of the profession. The necessity for providing against attacks which threatened to undermine our very existence as medical practitioners having been so largely diminished, the opportunity is afforded us of devoting ourselves more thoroughly to the scientific teaching and practical illustration of homœopathy. We have already directed attention to the subjects which chiefly demand our consideration. How then, we would enquire, may this consideration be most effectively given?

FIRST.—Through the medium of the Press. We would appeal to our colleagues to supply this, and the two other journals devoted to the promulgation of homœopathy in this country, with the results of their researches and of their experience. We are fully assured, that among those who are daily engaged in the practice of homœopathy

around us, there are many possessing both opportunity and ability to develop the resources of therapeutics who are scarcely alive to the responsibility which their opportunities and abilities impose upon them. We can but trust that they will reconsider their position, and aid us and our colleagues in our efforts to promote not only their interests but those of the profession, in the practice of which they are engaged, by providing contributions to our pages which shall render the principles of homœopathy more clear, and its practice more simple, more easily understood, more readily available than they originally found it to be.

SECONDLY.—Our Societies supply admirable opportunities for increasing our knowledge of homœopathy, and in proportion as they do so, do they demand our active support. Discussion is of all intellectual exercises that which is most conducive to the elucidation of truth. It is this which renders so valuable the work done at a Society meeting. It is almost impossible for a regular attendant at one of our Societies to retire at the close of a meeting uninstructed, unrefreshed, without having had his powers of thought stimulated, without having derived some advantage of a practical character.

THIRDLY.—Our Hospitals—few in number as they are—present, nevertheless, a field deserving of much more assiduous cultivation from a scientific point of view, than any they have hitherto received. So far their results have been gratifying chiefly to the philanthropist, and in the future we trust, that without in any degree diminishing their claims to our support from this point of view, they will be made useful to the profession, as sources of increased therapeutic knowledge, and places of scientific research.

FOURTHLY.—We may do yet more than by any other agency to promote a true and accurate knowledge of homœopathy by the *establishment of a School*, in which our

therapeutic principles and method of practice shall be fully and forcibly taught. During the last two years lectures on Homœopathic Principles, on the *Materia Medica* and on the Practice of Medicine have been delivered at the Hospital and have proved that a desire for knowledge respecting homœopathy to be communicated in this way does exist. The plan hitherto adopted has been in many respects imperfect, and inadequate. That such should be the case, in the absence of any organisation for the purpose of carrying out the objects of a School, was inevitable. Thanks, to the energetic and determined efforts of Dr. BAYES, we have now a prospect in the near future of seeing the appointment of a small but sufficient staff of lecturers well qualified for the task of teaching the principles and practice of homœopathy. A considerable sum of money has already been raised—a sum which though as yet inadequate to compass all we desire to see accomplished, is yet amply sufficient to enable a fair beginning to be made without delay.

We feel fully assured, that the projected School will do much, very much, to support and sustain our Hospital. It will we doubt not prove a useful stimulus to the medical officers to turn to scientific uses many opportunities, which, for lack of an excitant of this kind, are now allowed to pass unnoticed.

The establishment of this School will be an immense benefit to the progress of homœopathy. Many young men who now pass into the profession without any knowledge whatever of our therapeutic method, who have by their teachers been earnestly exhorted not to examine it, not to test it, will from this time enter into practice with an enlarged therapeutic view, that they would not otherwise possess. We have heard it said that, in these days of books and periodicals, lectures are superfluous. We do not think so. To many it is true lectures are distasteful and tedious;

but on the other hand, to very many more they supply just that form of teaching which is to them the most attractive. They give an appetite for knowledge, lead to further enquiry, and are often the first inducement to study the subject with which they deal in the fuller and more precise manner supplied by books.

We therefore feel that by lending a hearty and earnest support to the School of Homœopathy we shall be doing good service—perhaps the best we can perform—towards extending a knowledge of our principles among the members of our profession, and towards increasing the usefulness of our Hospital.

Of Dr. BAYES' untiring exertions to bring this scheme to a successful issue, we cannot express ourselves too warmly. We heartily congratulate him on the large measure of success which, in spite of a good deal of cold water that has been thrown upon his proposal by some who ought to have cordially united with him, he has met with.

We commence the new year with fair prospects. But little call is likely to be made upon our time to devise measures for defensive operations from the actions of our opponents, and we can therefore the better devote our energies to the strengthening of our scientific position; at the same time the means at our disposal for doing so are in good working order, and are about to be reinforced in a very important and useful manner.

We look forward to a year of much useful work in therapeutics, one that we trust may redound with credit to the small body of physicians who have investigated the truths taught by HAHNEHANN, and be full of benefit to the sick.

ERYTHEMA NODOSUM.

BY C. B. KER, M.D., EDIN.

The following remarks on this so-called skin-disease are founded on an analysis of seven cases which have come under my care during the last two or three years. I say, so-called skin-diseases, for I shall show when the pathology of the disease is treated of that there are different opinions as to the tissues most involved. Of the seven cases, five were females and two were males, which is quite in accordance with the usual experience, which is to the effect that young girls and women are most obnoxious to the disease. The age varied from three to seventy, four of them being under twenty, the others being twenty-four, thirty and seventy. It is not usual to meet with the disease in one of the age of seventy. The case was that of a lady liable to attacks of eczema and diarrhoea, and who had had about a year before a slight paralytic seizure. As to the duration of the disease, it was, in these cases, from six to eighteen days, the shortest being in that of a child three years old, and the longest that of the septuagenarian; the average of the remaining cases was ten days. In all seven the part attacked was the leg, and generally both legs were attacked. In one only were there spots on the thigh as well as on the legs; on one only, that of the old lady, were there spots on the calf; and on one only, that of a school girl of fourteen, were there spots on any other parts of the body. She had a measles-like eruption on the face, which came and disappeared with the eruption on the legs, the eruption remaining out ten days. In none of the seven did the eruption show itself on the trunk of the body or on the arms.

As to the state of health which preceded the disease, it was not good in any one case. I was told of failing strength and depression of spirits in nearly all of them, and some were more or less emaciated and of lymphatic habit. In all seven there was a weak circulation, livid, spongy gums, and a state approaching the anæmic. In one, a lady of thirty, there may be said to have been blood-poisoning. She had been in attendance on a friend affected with puerperal fever, and had complained of being made sick and ill by the peculiar atmosphere of the patient's bedroom. She was seized with the Erythema after her

return home. Fatigue and anxiety and hysteria were, also, operating causes in this case. In one of the cases, a boy of fourteen, the eruption broke out after his bodily strength and courage had been sorely tried by the bullying and persecution of his school companions, a treatment to which he had been subjected for the best part of six months. In another case the patient was subject to attacks of epistaxis. In all, I may say, the mind and *morale* were in a depressed state.

The symptoms were ushered in always by aching pains over the whole body, but chiefly in the legs, and not especially in the joints. In about two or three days afterwards reddish spots began to appear on the leg, generally on the front aspect of the tibia, the redness disappearing on pressure. The number of these spots or nodes, as well as their size, varied greatly, and they were occasionally, but rarely, confluent. On one of the patients, a woman of twenty-four years of age, there was only one spot, and that a large one. Generally there were three or four, but sometimes there were twice as many. Their size varied from a hazel-nut to a crab-apple. The fewer the spots the greater their size, and *vice versa*. Their colour differed much according to the length of time they had been in existence. At first the surface was glazed, and of a bright, rosy red. On the second day the brightness of the red was gone and had given place to a dull red. Afterwards, the colour passed through the different shades of purple, green, and yellow. In this respect there was seen what may every day be witnessed in the case of a common bruise on any part of the body, a justification, therefore, of Hebra's nomenclature of the disease, *dermatitis contusiformis*. In some, the eruption appeared on one leg only, but generally both legs were involved. In no case did the nodes appear on the arms or trunk. As to the degree of prominence of the nodes and their temperatures there was much variation. Generally, the heat and even burning were considerable, and the eruption very decidedly raised above the surface of the surrounding parts, and, on pressure, giving the impression of serous infiltration underneath. At other times, however, there was scarcely any perceptible increase of heat or increase of swelling. The redness was generally, but not always, very circumscribed, not extending beyond the base of the spots. The degree of tenderness varied a good deal, but there was always some, and, in one or two of the cases.

it was painfully great. And the degree of lameness, also, varied very much, from almost complete inability to walk, to only a slight degree of stiffness in walking. There was always great relief from keeping the leg or legs in the horizontal posture, and, on the other hand, great discomfort, and sometimes throbbing and pain in keeping them hanging down. There was itching in none of the cases, and the kind of pain complained of was generally of a straining and pricking character and very constant. On pressure, the pain described was simply that of a bruise-soreness, and aching. In one or two of the cases the spots came out at irregular intervals, some dying away when fresh ones were appearing, but, generally, all the spots had come out in forty-eight hours.

The state of the general health differed exceedingly during the existence of the eruption. In some the appetite and sleep continued good, the urine and stools normal and the tongue clean. Each made no complaint but of pain and stiffness in the legs, and of their inability to walk, and of weakness and some depression of spirits. With the others it was very different. They felt themselves to be passing through the different stages of a severe illness. They were alternately hot and cold. Their sense of exhaustion and mental depression was great. They had little sleep, thirst, clammy mouth and loaded tongue, high-coloured urine, costive bowels, nausea, faintness, and œdematous legs. In one of the cases there was profuse night-sweats, but that was in a phthisical subject. In these cases, however, the disease was not of longer continuance than in the less severe ones.

As to treatment, I am not sure whether, as far as the medicines given are concerned, there was any marked effect produced. The pathogenesis of *Arnica* does not show an eruption on the legs or anywhere else, but *Rhus tox*, *Lycopodium*, and *Ferrum* have an eruption which, as far as can be judged by the description, may be said somewhat to resemble that of Erythema Nodosum. *Belladonna*, also, is described as having spots on different parts of the body, which may or may not resemble the disease in question. None of these medicines, however, can be said to have very positive indications of such an eruption as that of the disease in question—chiefly confined to the fore part of the legs. They were, however, the only medicines prescribed in the seven cases the analysis of which I have given.

Aconite, by-the-by, was given in one of them, in which there was for the first day or two a good deal of fever.

The horizontal posture, in bed or on the sofa, was insisted upon in all the cases for from three to four days. The spots were sponged with hot water three or four times a day where the heat was very great; after the sponging the skin was dusted with hair-powder. Most required frequent meals, and, one or two, wine, but the question of food and wine was determined by the appetite, pulse, the state of the urine and the digestive power of the stomach. Some recovered more quickly when meat and wine were given, but others got well satisfactorily on a diet of milk, vegetables, and fruit. Whatever the treatment, the course of the disease appeared to be the same in all, just as one sees in measles if ordinary precautions are taken against cold.

It is not every writer on medicine who mentions this disease, but those who do say very little on the subject of the treatment. M. Trousseau, who gives an able and interesting sketch of it, says nothing more than that bed, cooling drinks, the avoidance of cold, and, sometimes, mild aperients are all that is necessary. Hebra speaks in the same strain. He says that the disease ends spontaneously and leaves no bad effects behind, which is in accordance with my own experience. He recommends cold, wet rags, and warm fomentations. He warns against the use of *Arnica* in consequence of the inflammation of the skin which it sometimes causes: and speaks of the importance of attention to the general health. Watson, Holmes, and Schmidt say much the same on the subject of treatment, that is to say, they suggest only attention to the general health, and rest. Some others suggest quinine and bitters, and compresses of lead-water, and warm baths.

As to the pathology of Erythema Nodosum, it is generally allowed to be a specific disease, as much so as measles or scarlatina, with which diseases, indeed, J. Hutchinson maintains that it has a close relationship. He is disposed to believe that, like them, it attacks only once in a life-time and that it may possibly be contagious. As to the first point, though I can corroborate it as far as my experience goes, still it is contradicted by W. B. Joy in his paper on this disease in the *Cyclopaedia of Practical Medicine*. He says that "it returns frequently in the same individual." As to the question of contagion, my experience is negative. Most of the above cases were treated in houses

in which there were many who would certainly have caught the disease had it been infectious, for no precautions were taken. One of the patients was one of fifty girls in a boarding-house : another was one of thirty boys in a school. In the case of both their companions associated with them and no bar was put on their intercourse. All day long they had some of their friends with them. But in not a single instance did the disease extend itself. The suggestion of contagion should scarcely have been made by Mr. Hutchinson without at the same time giving a case showing that he had some ground or shadow of a ground for making it. But no such case is given. He simply makes the statement that the question of contagion in relation to this disease is an important one, it, the disease, being similar in many of its characters to the exanthemata in its having fixed, transitory stages ; in its being uninfluenced by treatment, in its producing a symmetrical rash, being preceded and attended by fever, attacking the young and only once, and ending in desquamation.

Copland, Trousseau and others maintain that there is a relationship between this disease and rheumatism, but no other evidence of this relationship is given than the existence of the aching pains all over the body, including the joints, which so frequently are precursors of the eruption and sometimes continue in greater or lesser degree throughout the whole course of the disease. But such pains are very common in the first stage of so many diseases, especially of a feverish character, that, unless some other proof is given of the relationship of rheumatism to Erythema Nodosum than their existence, we must come to the conclusion that that relationship is not proved.

I do not think that any better proof is advanced in favour of chorea being an allied disease, which some writers have asserted. It is not unlikely that Erythema Nodosum may have shown itself in those afflicted with chorea, as indeed it may in those who have troublesome dyspepsia, but coincidence and cause and effect are very different things, and the disease in question rarely attacks such as are of good constitution.

Something more may be said in favour of the theory that this disease is one of the lymphatic vessels. Hebra goes so far to say,—“it admits of no doubt whatever, that the morbid process concerned in some cases of Erythema Nodosum is essentially an inflammation of the lymphatic

vessels. In fact, we see instances in which the tubercles are arranged longitudinally in the course of these vessels in such a way as to present the ordinary appearance of a lymphangioitidis. However, it has not hitherto been possible, either during life or by post-mortem examination, to furnish a complete proof that the seat of such affections is to be sought exclusively in these structures, and therefore the proposition that these exudative erythemata are merely lymphangioitides is at present nothing more than a very probable hypothesis." The confident tone assumed in the first part of the quotation just given is not maintained to the end, and so our conclusion must be that Hebra's *Pathology*, so far as this disease is concerned, is at fault. There is no allusion made to the fact that extravasation of blood is undoubtedly a feature of every case, and, indeed, its characteristic feature. No pathological explanation can be considered satisfactory which does not take that fact into account.

Schönlein, however does take it into account, and, accordingly, calls the disease Rheumatic Purpura, the prefix appended, I suppose, to include the pains which usher in the disease. But there is no proof that the rheumatic poison is an essential part of the disease, as we have said. Schönlein's *Pathology*, therefore, must be considered as unsatisfactory as that of the others. The disease is not Purpura and it is not Rheumatism, and we do not solve the difficulty by calling it a combination of the two. He, Schönlein, says nothing of the lymphatic vessels, and if he had he would have been called upon to show, what Hebra has made no attempt to do, that disease of these vessels may produce, as effect, extravasation of blood.

Menstrual disorder has been mentioned as a favouring cause of this variety of Erythema. But, to say nothing of the fact that the disease, though more common in the female sex than in the male, is not confined to that sex, nor to females past the age of puberty, it is not proved that disorders of the catamenial function are usual even in the case of menstruating women. Just as in the case of chorea there may be often enough the coincidence of the two morbid states, but that, of course, does not involve the relationship of cause and effect.

I said in the last paragraph, "variety of Erythema." But it is not allowed to be an erythema by those who claim it as a specific disease. If it is a specific disease, as specific

as one of the exanthemata, it can no more than they be classed among skin-diseases. It appears to me to be a mistake on the part of Hebra including the exanthemata in his catalogue of skin-disease. A disease in which the skin is involved does not surely justify us in calling it a skin-disease. We do not call abscess a skin-disease, for instance, and should not call measles one, nor should we call Erythema Nodosum a skin-affection in my opinion, anymore than we should call a bruise one. And with regard to bruise, it appears to me that Hebra's nomenclature should be adopted and the disease called *Dermatitis Contusiformis*. The swelling or tubercle or node of Erythema Nodosum is in nearly all its characters identical with that of a bruise. There is the same circumscribed swelling, larger or smaller according to the cause in operation, the same heat, pain, tenderness and redness; there are the same variations in colour after the disease has continued for a day or two: the bright red becomes a dull red, and, afterwards, red gives place to dark purple, light purple, green and yellow. There is more or less constitutional disturbance according to the extent of the bruise or eruption and the constitution of the patient. Itching does not characterise either. Abscess follows seldom or never in either case. And in some instances, it is not at all an easy matter to say whether it is a bruise we have to deal with or a case of Erythema Nodosum, especially when there is one node only.

The mucous membrane may be involved in this disease, as Trousseau has shown. He gives a case in which the conjunctivæ were affected; but no other writer mentions this fact and my experience does not corroborate it.

W. B. Joy, in the contribution on Erythema Nodosum in the *Cyclopædia of Practical Medicine* already referred to gives an original explanation of its pathology. He maintains that a thrombus is the starting-point or focus of the disease. If he means that what is usually signified by that term exists in all cases of Erythema Nodosum I think it would be no easy matter to prove it. A thrombus of ordinary size would be detected without difficulty and no such blood-tumour is to be seen in the cases which ordinarily come under notice. But if the word thrombus is used in a more general sense as signifying a small collection of extravasated blood, sometimes very circumscribed, something more may be said in favour of this

theory, for that there is a circumscribed extravasation of blood I think there can be no doubt.

It will thus be seen that the pathology of this disease is doubtful, to say the least. Its obvious effects we see in the coloured tender tubercles or nodes arguing tumefaction of the cellular tissue. But whether that tumefaction is caused by effused blood or effused serum or lymph has not been decided. As there are no fatal cases on record there are no post-mortem examinations to throw light on the subject. And, even if the nature of the swelling could be declared, the question would arise, what caused the swelling? Are the fluids or the solids, or both, engaged as causes? Is the cause defective nutrition? It appears as if we must wait for more facts before those questions can be answered satisfactorily, and, in the meantime, make closer and more careful observations.

Cheltenham,

December, 1876.

NOTES ON THE STRUCTURE AND FUNCTIONS OF THE SKIN.

BY ALFRED C. POPE, M.D.

THE importance of the functions performed by the skin is much greater than is commonly supposed. Our familiarity with its appearance would seem to render us less considerate of the conditions requisite to maintain it in health, than we are wont to be of those which are essential to soundness in organs hidden from our view. We are early reminded of faulty action in the stomach or bowels, but it is not until some progress has been made in the course of disease that our attention is directed to imperfections in state of the skin. To retain the skin in health, cleanliness, and a pleasurable degree of warmth are especially essential. Why this is so a slight sketch of its structure, and of the functions it is designed to perform, will show.

The skin is made up of two distinct layers of tissue, together with a subjacent layer of connective tissue, of glands, hairs and hair follicles, bloodvessels, nerves, and lymphatics. The outer layer or *epidermis* is the protective covering of the *dermis*, *corium* or true skin—of that which essentially constitutes the skin, that which performs the function of the organ. The consideration of these two structures will first occupy our attention.

The Epidermis. This, on examination, is found to consist of two layers, the epidermis proper, and a mucous layer known as the *rete vel mucus Malpighii*. The upper stratum is composed of flattened, polygonal-shaped cells, closely packed together, so closely as to give them the appearance of fibres. As we descend from the surface, these cells become gradually less flattened, and as the second or mucous stratum is approached they present appearances similar to those of which that layer consists. These are, in their uppermost tier, cubical in shape, and distinctly nucleated, while the nearer we advance towards the true skin, the more imperfect does the character of the cell formation become, it being difficult to define the existence of cell walls. They form, writes Biesiadecki, "a slightly granular, refractible mass of protoplasm destitute of cell membrane."* Other cells, elongated and spindle shaped in form are found sparingly in health, but in considerable numbers in some forms of disease in the middle and upper layers of the *rete mucosum*.

It is in the lowest layers of the *rete mucosum* that the colouring matter of the skin is found.

The Dermis, Corium or True Skin. The epidermis is unprovided with either nerves or bloodvessels; consequently it has no sensation, and can be cut without bleeding. It is the *corium* that is so exquisitely sensitive, and which must be reached in cutting before blood is seen. The structure of this differs from that of the epidermis. It consists of intimately woven fibres and corpuscles. These fibres are partly those of connective-tissue and partly elastic. Mingled with them are numerous spindle-shaped cells. The most important feature of the *corium* is the upper layer, consisting of numberless small projections called *papille* with the superjacent *rete mucosum*. These *papille* are of two kinds, the one, *sensory*—containing nerve fibres—giving the means for exercising the sense of touch—and *vascular*, each vascular papilla containing a loop of bloodvessels. In the lower layer the structure is less compact than in the papillary part, but there is no distinct line of demarcation between them. The corium is thus richly supplied with nerves and bloodvessels, and is also provided with lymphatic glands.

Beneath the corium and separating it from the muscles is

* Stricker's *Human and Comparative Histology*, vol. II., p. 227 (Sydenham Soc. Edit.)

a layer of loose connective tissue, having fusiform cells united with its fibres, interspersed amongst which, except in the eyelids and ears, we find fat cells.

So far, our attention has been devoted to the structure which protects the body, and that which provides for the fulfilment of the function of the skin—that which contains its vessels and nerves, that which supplies its material for cell formation, for that process of reproduction which is constantly going on to supply the waste, which is as constantly going on by the death and casting off of the flattened cells on the surface of the skin. We now pass to examine those structures through which effete matters are evolved—the glands.

The *Glands* of the skin are of two kinds viz., the *sweat* and *sebaceous* glands.

Each *sweat* gland consists of a long tube, one end of which opens on the surface of the skin; the other, forming a knot, is curled up, and embedded in the connective tissue beneath the corium or true skin. This knot is a small roundish yellow twisted body, the blind end of the tube being in the centre. The folds of tubing are interspersed with cells and connective tissue, which externally forms a kind of sac in which the gland lies. Traversing this sac is a plexus of minute bloodvessels—capillaries. The tube or excretory duct, which passes upwards in a corkscrew manner terminates externally at the epidermis, opening upon it obliquely, so that the layer of epidermis above forms a kind of valve which is lifted up as the secretion passes from it. “According to the estimates of Krause, there are 2,736 sweat glands in every square inch of the palm of the hand; 2,685 on the sole of the foot; 1,490 on the dorsum of the hand; 1,303 on the neck and forehead; 417 on the back and buttocks. The sweat glands of the axilla cannot be directly compared, as regards their number, with those of other parts of the body. on account of their remarkable size.”*

The *Sebaceous* glands are small pearshaped bodies connected with the hair by small tubes or follicles. Each is traversed by a plexus of capillaries from which it eliminates the material, enabling it to secrete an oleaginous nutriment destined to supply the growth of the hair.

* Stricker, op. cit., p. 240.

Lymphatic vessels lie beneath the blood vessels of the corium; spaces also exist between them and the vessels which are filled with lymph.

We have in this organ, the skin, an apparatus—vast in extent and delicate in structure—designed for the removal from the body of a portion of its waste material. Brought to the surface by the bloodvessels, extracted from them by the glands, this waste is constantly being exhaled in the form of vapour (insensible perspiration), and, under certain conditions of exercise and atmosphere, in that of water (sensible perspiration). Numerous experiments have been instituted to determine the amount and character of the excretions from the skin. Dr. Carpenter,* after a review of several, concludes that though it is difficult to give an average for twenty-four hours, the amount of matter eliminated through the skin during that time might be estimated at 2 lbs. The amount of aqueous vapour exhaled by the lungs at the same time is about 1 lb. The fluid passed by the kidneys being on an average about $2\frac{1}{2}$ lbs. per diem. The importance of retaining in health an organ performing so essential a part in the economy as the elimination of so large a proportion of its waste products will be sufficiently obvious.

It has been well ascertained, that when the function of the skin is impeded additional labour is thrown upon the kidneys, and *vice versa*. A want of proper attention to a healthy condition of the skin may therefore, if continued for some time, lead to disease of the kidney.

To maintain a proper degree of health in the skin, to promote its due nutrition, to keep up in its glandular apparatus a sufficient degree of activity, washing, exercise and warmth are, in addition to suitable food, essential. The practice of daily bathing, besides acting as a healthy stimulant to the whole body, frees the openings of the glands (the pores) from impediments to the transmission of the sensible and insensible perspiration; the retention of the matters constituting which, and their reabsorption by the blood, is a frequent source of languor and ill health. Exercise, active walking exercise, has a healthy stimulating effect upon the sweat glands and promotes the free removal of waste material from the body. Suitable clothing, by keeping the circulation active, still further conduces to the same end.

* *Principles of Human Physiology*, 7th ed. p. 473.

It is more than probable that it is by the very thorough manner in which the operations of the Turkish Bath, first of all remove from the surface and through the (for the time) over-stimulated sweat glands the waste products of the tissues, and subsequently invigorate and tone them when thus purified, that much of the advantage derived from it is obtained. That it is exceedingly efficacious in many forms of disease is unquestionable, especially so is it in those in which the eliminating functions are imperfectly performed, where the necessary changes are inadequately carried on, where we meet with deposition of matter that ought to have been excreted.

Through the same kind of action, it is well calculated to preserve health by maintaining the functions in normal operation.

2, Finsbury Circus,
December, 1876.

THE SOUTH OF FRANCE.

By DR. MORRISSON.

No. 5.—MONTPELLIER (*Hérault*).

JOURNEYING westward, by rail, from Marseille, the first place of interest is the ancient town of

Arles.—This is built upon a small hill, about 60 miles from Marseille, beside the river Rhone, and in the least-enticing portion of a tract of almost treeless country, which stretches from Marseille to the Pyrenean town of Perpignan. Though containing a population of 26,000, the modern town retains but little of the importance of bygone days. The father of Tiberius here constructed an amphitheatre capable of containing 25,000 spectators, the remains of which are still preserved. There are also some remains of a Roman theatre, which was supposed to have held 16,000 people. In this was found the statue of the Venus of Arles, which is now in the Museum of the Louvre. Other remnants of Roman occupation are the obelisk in the Place Royal, two granite columns in the Place des Hommes, the remains of the great Palace of Constantine, Roman ramparts to the east of the town, portions of aqueducts, and the old church of St. Trophime. Those old Romans must either have been toughly made, or the

mistral did not blow in those times as it does now, else they would not have selected such a bleak situation for an important centre. There are some catacombs still in existence, though they now form the cellars of the Hôtel du Nord. Some two miles to the north-east are the remnants of the Abbey of Mont-Majour, forming a conspicuous object as seen from the heights of the amphitheatre. From Arles to Nismes the route is by Tarascon, though from Arles to Montpellier a second route would be by the branch line to Lunel. This latter crosses the Rhone on a fine bridge of recent construction. Visitors merely wishing to inspect Arles can conveniently do so by making a three or four hours' break in their journey to or from Marseille. A good breakfast or dinner can be obtained at either the Hotel du Nord or du Forum.

Tarascon is a junction station, connecting Lyon with Nismes, Montpellier, Cette, the south-western portion of France, and the north-eastern portion of Spain. Beaucaire, on the opposite bank of the Rhone, is prettily situate. An ancient castle, now used as a prison, stands upon a height overlooking the river. Two small stations intervene between Beaucaire and the interesting, though dirty, town of

Nismes.—Of all the towns of France, this contains the finest Roman remains. The line of rail passes over arches near the border of the town. A fine boulevard leads from the station to the Place de l'Esplanade, adjoining which is the magnificent amphitheatre. This, which was constructed after the model of the Coliseum, was built by Antoninus, Trajan, Vespasian, Titus, and Domitian. It is still in a good state of preservation; indeed, it is now used for cattle shows. Exteriorly, "it is divided into two tiers of arches, superimposed, and surmounted by an attic." There are four entrances, north, east, south, and west. Interiorly there are thirty-five rows of seats, divided into four classes, and approached by four staircases. Its shape is elliptical, the centre being reserved for combat, and could contain 25,000 spectators. One of the most remarkable of Roman remains is the Maison Carrée. This, which was a Roman temple, is still in such an excellent state of preservation that it is used as a museum. An ancient inscription states that it was erected about the fourth year of the Christian era, in honour of the sons of Augustus. In addition to the amphitheatre, there is also the Great Tower,

upon the highest of the seven hills which border the town; the Gate of Augustus; the Gate of France; the ruins of the Temple of Diana; and of the baths. The waters of the Chateau d'Eau are very interesting, as visitors may here enjoy boating underground. Unfortunately, the water supply to the town is very scanty, and as Nîmes has a population of over 60,000, this deficiency is specially noticeable. This may be said both with regard to the dustiness of the streets and the surroundings of the inhabitants. So-called "religious feeling" runs high in this district, for though the Protestant element is strongly represented, the Romanist majority is chiefly composed of hot-headed supporters of clericalism.

From Nîmes to Montpellier is about 52 miles, the chief town *en route* being Lunel. This is chiefly interesting as being a junction for the direct rail to Arles.

An appearance of suburban houses announces an approach to an important town, and we arrive at

Montpellier.—Including changing at Tarascon, the journey from Lyon will have occupied about nine hours.

A guide-book description of Montpellier states that "it is situated at a height of 51 metres, upon a hill, at the junction of the Lez and Merdanson, and from whence are obtained a beautiful view over the sea, distant 11 kilometres; the Pyrenees, the Cévennes, and Mount Ventoux. This town, of which the streets, both straight and tortuous, are generally clean and bordered by handsome houses, is divided into six quarters. . . Upon the boulevards are raised handsome modern constructions." That the writer's notions, both in regard to cleanliness and handsome structures, are not in accordance with my own, will presently appear. The middle portion of Mile End Road, say on a dusty midsummer's day, and at a time when the whole of "Bayley's Patent Hydrostatic Watering Vans" may be supposed to be undergoing repairs, would be, if the houses were whitewashed, not a bad imitation of any *level* section of these boulevards. Dust? Not even in the midst of the American deserts did I swallow so much as on any given windy day in Montpellier.

This is one of the towns which has withstood the Roman and Saracenic occupations; and, to a large extent the ravages of time. Once the capital of the province of Hérault it is still an important place. Formerly its university was the foremost in France; though now, in

comparison with its younger rival, Paris, it is only second rate.

Situate on the line of rail which connects Lyon with Cette and Perpignan; and in the time of peace, with Barcelona; as well as that which connects Nice and Marseille with the west of France, it is likely to continue an important centre. Various manufactures are carried on, such as that of wines, blankets, chemicals, surgical instruments, silks, brandy, soap, and last, but not least—doctors. The medical school is second only, though far inferior, to that of Paris. There is also a good Faculty of Science, and a Lycée. These are conjoined with the Faculty of Medicine, under the title of the Academie de Montpellier. As regards the manufacture of wines, it may be stated for the information of visitors that not unfrequently the grapes from which they are prepared are grown in the warehouses of Cette; as regards the manufacture of soap, it is perfectly evident that this article is chiefly intended for exportation.

I arrived at Montpellier on the 10th of November, and became a temporary resident in the Hôtel Nevét. This, which is ranked as a first-class hotel, probably on account of the charges, is only second rate. It is not well-suited for winter visitors, because of the building being split up into sections. In consequence of this, the better bed-rooms are separated from the dining room, so that it is necessary to pass through a covered court-yard and over a small piece of uncovered pavement to reach the latter. The other bed-rooms are in connection with the kitchens and dining-rooms; hence are less agreeable. This separation is all very well in warm, fine weather; but on bleak or wet mid-winter days, it would be quite unsuited to invalids. Neither is the food suitable to any but those who are accustomed to real French living. Were I again obliged to stay in a hotel, I should try the Hôtel du Midi. There were few visitors worthy of note during my week of residence in the Hôtel Nevét. Only once did I see English people. With regard to eating, it was somewhat of a caution to observe the quantities of food which disappeared. I tried to keep pace with my fellow-diners; and, very properly, induced an attack of acute indigestion. I was subsequently informed that the natives of the Montpellier district, like those of Lyon, are noted for their appetites. Soon after my arrival I was placed at table in close proximity to an energetic family of juveniles, who set at defiance the mandates of a

tolerant aunt and of a pliant mamma. Their father only interfered when the behaviour became very outrageous. I soon changed my seat. Fortunately for the peace of my successor, their stay was of short duration. A genuine specimen of a tall, gaunt, thin-faced, long-featured Frenchman, one day put in an appearance at dinner; accompanied by a buxom, flat-faced wife, and a meek, diminutive daughter. That the latter was their daughter, was apparent from the evident way in which she belonged to them. This party was replaced by a self-important sort of female, apparently of the respectable midwife class. She looked as if she possessed great talking capabilities; which at first remained undeveloped. But about the middle of dinner her right hand neighbour, a French Legion-of-Honour gentleman, incautiously addressed a remark to her. I am certain he must have subsequently suffered from indigestion, for he was continually obliged to bolt his mouthfuls of food, in order to respond to the perpetual clatter of her tongue. She herself was evidently too well accustomed to the bolting process, to fear its effects. Towards the end of dinner, the left hand neighbour came to the relief of his suffering fellow-countryman; and by dint of replying alternately, they managed to finish dinner in comparative peace. My "femme-de chambre" at this hotel was a good sort of fellow, who attended to my room with praiseworthy regularity. At this hotel I learned the French methods of using a table napkin. They are three in number. The economical family man, carrying his home character with him, places a corner carefully in each armpit, fastening it in place by the coat sleeve. In this manner he forms a veritable bib, the two free corners being available for use. It is evident that by systematically changing the corners, one napkin may be made to last for a long time. The second method pertains to stylish young men. This consists in placing one corner carefully inside the collar, considerably to the right or to the left. This latter appeared to be the height of fashion. The third method consisted in tucking the napkin partly inside the vest, so as to cover the lower part only. This gave me the idea of extravagance, as evidently belonging to the thriving classes; and as involving a frequent change of both shirt front and napkin.

On leaving the Hôtel Nevét I entered a private family. My landlady was a kind-hearted little woman, the widowed mother of a spoiled little daughter, and of two excitable

boys; all of whom were allowed to do very much as they pleased. Our domestic was as good-tempered as she was dirty and untidy; to whom a proportion of dust, such as that arising from the sweeping of a well-used dining-room, was rather an agreeable seasoning to food. But, on the whole, the general cleanliness was probably equal to that of most of the families in those parts, the English speaking inhabitants excepted.

Montpellier itself is a steady-going, respectable, moderately-dirty, old town; with just enough of outward life about it to keep a visitor from actual stagnation. It is about eight miles from the quaint little sea-side town of Palavas, being connected by road and rail. When nearing Palavas, the canal is crossed which converts Spain and Portugal into an island; as this canal stretches across from east to west, north of the Pyrenees. Palavas is the summer bathing-place of Montpellier. It was stated that in the height of the season, crowded trains depart from Montpellier every few minutes. It is to be hoped that every one washes thoroughly; for as a matter of fact, the majority, including the middle classes, wash in summer to include the winter also. I am morally certain that in the majority of houses such an appliance as a bath—I might even add a wash-tub—is unknown. It is only the higher classes who indulge in such luxuries, the lower orders belonging truly to the society of "the great unwashed."

The population of Montpellier is estimated at 57,000. The town is partly situate upon a hill, and as already stated between the rivers Lez and Merdanson. If the visitor wishes to find these rivers, it will be well to hire a guide. Upon the centre of the hill is a pretty little spot, called the Parc du Peyrou; from which there is a fine view of the surrounding country, hills, and sea. This park was laid out in the reign of Louis XIV, an equestrian statue of whom is placed prominently in the broad walk. The name of "Bijou" would suit the Peyrou better than that of park. It is one of those choice pieces of art which deserves to be valued for design, rather than for extent. Situate on the summit of the central hill, it consists of a raised portion fronting the street on one side; with side walks on two other sides; and a section laid out with shrubs, and having two small reservoirs on the other. These side walks are resorted to by invalids; that on the sunny southern side being sheltered from the keen breezes of winter, and that

on the northern side forming a shaded summer promenade. The raised portion contains walks ; the terminal structure of a fine aqueduct, with small lake ; and the statue already referred to. Standing on the stone platform at the end of the aqueduct, the following views may be obtained, under favourable circumstances :—to the north, the hill of St. Loup, and the lofty Cévennes hills stretching towards the west and south ; south, especially near sunset, a glimpse of the Pyrenees ; south-east, the sea ; north-east, the Alps. It is only fair to say, that without a telescope I failed to discover these latter. The surrounding country forms a series of pleasant undulations, excepting on the side towards the sea. After a raised slope from the town, the land here becomes flat and uninteresting ; with the wretched village of Palavas looming at its extreme edge. On Sundays all this country is infested with sportsmen who slaughter its harmless songsters by thousands. Is it marvellous that vegetation is blighted by disease ? Owing to the paucity of trees, the winter appearance of all these tracts of country is most desolate. Indeed the whole sea-side district, from the Pyrenees to Marseille, is as bare of trees as are the central streets of London ; When the vine is in leaf, the land appears covered with verdure ; when the vine has withered, the land appears bleak and sterile. So scarce is good firewood, that grape-vine stalks and roots form the staple material for household use.

There is a small museum, containing some paintings of a high order, mixed with a preponderance of rubbish ; a cathedral, founded in 1364 ; a prefecture ; a school of medicine, founded by the Arabs ; a large theatre ; the oldest botanical garden in France, this having been founded by Henry IV. and planned by De Candolle ; and a magnificent aqueduct supplying water to the Peyrou.

The school of medicine is a long, narrow building, adjoining the cathedral, and occupying the major part of two sides of a square. In connection with it is an excellent "Société de Médecine et de Chirurgie Pratiques." The lectures are free, except to intending graduates. The anatomical theatre, in which most of the lectures are delivered, is a separate part, behind the front buildings, and much below the street level. On the same level as this is the dissection room. Except as regards diligent students, dissection is very much of a farce. Pupils frequently leave the parts allotted them to

decay, and it is no uncommon thing for students to pass their final examination in anatomy without having handled the scalpel. Not that the examinations are actually easy; quite the contrary; but the lazy ones trust to the dissections performed for courses of private tuition, and to book knowledge. Of the geniality of several of the professors I cannot speak too highly. Dr. Gordon, librarian, and son of an Englishman, is most polite in his attentions to visitors; so is Dr. Massé, Professor of Anatomy, and Dr. Béchamp, Professor of Chemistry. The latter is a most eloquent speaker. The library contains some 50,000 volumes, but funds are wanted to renew many recent editions of standard works. There are plenty of opportunities in this school for the enterprising student, but the present temper of French students is a love of freedom amounting to an intolerance of legitimate authority. Smoking? Every lecture theatre has its crowd of "fumeurs," cigarettes being extinguished as the professor enters.

Religious partizanship runs high. The Protestant element is small, but influential. There are two Protestant churches, and several professors in the Académie (medicine and arts) are Protestants. The good Pastor Molines and his excellent wife, as also the kind Dr. Leenhardt and his amiable wife, are ever ready to extend the hand of welcome to visitors. Dr. Béchamp is a prominent figure in the Romish camp.

There are two hospitals, a military and a civil. The former contains about 350 beds. Ventilation is very imperfect, causing no end of unhealthiness in wounds and ulcers. The well-known Dr. Courty is head surgeon. With Dr. Bloc, his Chef de Clinique, I went right through the wards, but, as the windows were all closed, was glad to escape from their oppressive atmosphere. Just at that time nine soldiers had been brought in, suffering from erysipelas induced by vaccination. Two died, two others lost the use of the vaccinated arm, and the result in two other cases remained doubtful. At the time of my leaving Montpellier other soldiers were being brought in, suffering from the effects of vaccination of more recent date.

The climate of Montpellier is decidedly capricious. At one period of history it was held in high repute. I should imagine that to have been before the wholesale destruction of forests exposed these districts to the full force of the

blighting mistral. A solitary hill, almost in the centre of a semicircle of lofty hills, the bleak winds sweep round it with impunity. Hence in winter it is colder than the protected stations. In summer it is scorching hot. Moreover, the water supply is as yet defective. Cases of lung affections, of mild typhoid, and of intermittent fever, are very common. Its being a garrison town does not add to its enticements, at any rate on the score of morality; though the French people generally are not over-burdened with this virtue. Neither are the odours of its boulevards pleasing, as they are studded with those abominable witnesses of French indecency. Why the chief thoroughfares of their towns should be specially selected for these open conveniences, passes ordinary comprehension. November is usually a fine, clear month. A temporary fair, which is held on the Esplanade, in front of the Hotel Nevét, terminates only on the last day of this month. The invalid could be in the open air till sunset, and a pleasant walk for this time of year would be to the picturesque village of Castlenau, two miles distant. At the time of my visit severe cold set in somewhat suddenly, about the middle of December. Between this and the middle of January snow fell on several occasions, the whole country being clothed in fleecy down. The solitary swan was frozen out of the reservoir in the Peyrou, and obliged to take refuge. But the winter was exceptionally severe. For five weeks, commencing the last week in January, we had fine, keen weather, without even a shower of rain. At times the mistral was very trying to delicate lungs. In connection with chest complaints, I ought to mention that Montpellier is one of the two French towns (Paris being the other) in which may be found appliances for "Bains d'Air Comprimé." These compressed air baths are very serviceable in the removal of lung congestions, which the mistral tends to induce. This (the north-west wind) prevails during the two colder months of December and January. During the latter half of December I escaped a fortnight's bad weather by taking steamer—and a miserably dirty vessel it was—from Cette for Barcelona. The winter climate of this latter city is more genial than that of any of the south-western portions of France, Pau, perhaps, excepted.

Thanks to the courtesy of Dr. Gordon, I have been supplied with the full temperature records for the winter of 1874-75, these observations having been taken at the

Botanical Gardens by M. Pierre Roudier, under the superintendence of M. Martius. From the 1st November to the 31st March inclusive, the lowest temperature noted was -17.5°C. (17.5°F.), and the highest 26.4°C. (79.2°F.). The coldest weather was during the latter part of December and to the end of January; the most rain fell during March and the prevailing winds were the easterly.

Taken as a whole, Montpellier may be said to be a rather dirty town, in the dirtiest district of France, with a bleak and changeable climate; containing some very agreeable people; almost devoid of amusement, except an occasional concert or theatrical performance, and hence without special interest, except to those who may profit by its courses of University instruction.

Albert Square, Clapham Road, Nov., 1876.

ON THE DANGER OF NEGLECTING A "COLD."

By D. DYCE BROWN, M.A., M.D.

In this climate of ours, and especially when winter is approaching, there is no more common malady than that popularly known as "a cold." Too often the person so attacked, although feeling far from well, and having even a considerable amount of cough, deems that "a cold" is nothing, goes about as usual, or if he takes any care of himself, thinks it is not worth while to have medical advice. No more frequent mistake is committed; and it is only perhaps after the cough has lasted longer than usual, and the feeling of general malaise continues, that he thinks of taking professional advice, when he may find to his cost that the stage has passed by when it can be got rid of in a few days. He may be surprised to find that the "cold" has really been an attack of inflammation of the lungs, which may develop the seeds of a fatal malady. Too often, we regret to say, the fault lies with the medical man and not with the patient. The doctor is consulted in good time, but as, on a cursory view of the case, the complaint seems to be nothing more than "a cold," he neglects to make a physical examination of the chest, prescribes some medicine, and tells the patient he will soon be all right. Many cases thus are allowed to go on from bad to worse, till alarmed at the manifest loss of health and debility steadily increasing in his patient, the

doctor at last examines the chest, and finds to his dismay that he has been culpably neglectful of the patient who has committed himself to his care.

But it may, perhaps, be asked, can inflammation of the lungs, which is generally such a serious disease, actually exist with symptoms so comparatively slight as to escape the notice of the medical man, or of the patient? To this we reply that a severe case of acute inflammation of the lungs of a considerable extent will of course oblige the patient to go to bed, and will be discovered by any medical man who bestows any care on his cases. But often we meet with cases of well-marked inflammation of the upper portion of one lung, with symptoms uncommonly slight, and only discernible by careful physical examination of the chest.

I shall relate three cases, illustrative of this very important point.

CASE I. A man who was engaged at a manufactory in Aberdeen, came to the dispensary complaining of a cough, and a feeling of general malaise. He felt unable to do his proper amount of work, and had already applied to a medical man who had told him that there was nothing wrong with him, and that he was quite able for his employment. I found his pulse quick, his temperature 100° , and, on examination of his chest, I discovered marked symptoms of inflammation of the upper portion of the right lung. There were dulness on percussion, increased vocal resonance and tubular breathing, I ordered him at once to bed, prescribed *aconite* and *phosphorus*, and in a week he was quite well. The man previously had threatenings of lung disease, and had the nature of the case not been discovered the results might have been very serious.

CASE II. A gentleman lately asked me to see his youngest boy, who had been going to school up to the day I saw him. There was almost no cough; in fact, so slight was it, that on my first asking the question I was told there was no cough, and only on asking if they were quite sure, did his father say that he coughed slightly now and then. He seemed only to be somehow out of sorts, and less bright than usual. His appetite had also fallen off. I found him looking pale and languid; his pulse was very feeble, and rather slow than the reverse; he complained of nothing, but had no relish for food. His tongue

was clean, his bowels regular, his temperature was only 97°; he slept well, and did not cough at night. One might easily have omitted the chest examination in this case, but with a cough, however slight, present, and considering the seemingly unaccountable state of general malaise, I thought it right to make a thorough examination in order to ascertain the true cause at work. I found decided evidence of inflammation of the upper part of the right lung. It was markedly dull in percussion, the breathing was very feeble and of a blowing character on expiration, which was prolonged. I had him put to bed, ordered poultice to the chest, and *phosphorus*, 8x. In two days there was a marked improvement in his general appearance, and in the physical signs of the lung disorder. At the end of ten days the dulness was completely gone, and he was able to go downstairs to meals. The boy was naturally rather delicate, and had this pneumonia not been detected, serious lung-disease might have resulted. The complete absence of fever in this case, with the actual diminution of temperature, and the minimum of cough, were remarkable as co-existing with such decided inflammation of the lung. The boy's father was so taken aback at finding the nature of the case, that he asked me to look at

CASE III. His brother, two years older. This boy seemed to have very little the matter with him, except that he also had a cough, which was much more decided than that of his brother. There was no fever, the pulse was quiet, the temperature normal, appetite not quite so good as usual, tongue clean, and bowels regular. He had no pain in the chest, and the cough was dry. On examination of his chest, exactly the same condition was found as in his brother's case, the only difference being that the dulness extended over a larger space in the lung. He was put on the same treatment, and in ten days he was quite well, all the abnormal physical signs having gone.

The lesson to be drawn from these cases, of which, had I space, I could give other similar examples, is that no one should neglect what seems to be nothing more than "a cold;" that it is always better to err on the safe side, and have medical advice, in order to prevent after-regrets on the part of the patient and his friends; and last, but not least, that no physician should neglect to examine the chest carefully of every patient who comes under his

care for "a cold," or a cough, however slight the symptoms may be at the time. Were this course pursued, we should hear less of serious, and perhaps fatal illness, which had begun with a common "cold."

29, Seymour Street,
Portman Square, W.

REVIEW.

Ophthalmic Therapeutics. By T. F. Allen, M.D., Surgeon to the New York Ophthalmic Hospital, and George S. Norton, M.D., Surgeon to the New York Ophthalmic Hospital. Boericke and Tafel, New York. 1876.

THIS contribution to medical literature is the result chiefly of clinical observations made in the wards of the New York Ophthalmic Hospital during the last few years. It will be in the remembrance of some of our readers that some years back the medical staff of this institution was changed. The allopathic surgeons resigned their posts, and homœopaths were appointed in their stead. The result has been in every way satisfactory to the committee of management. As one of the fruits of that alteration, we have, in the volume before us, a carefully-drawn epitome of the therapeutic indications for the use of 184 medicines in disordered states of the eyeball and its appendages, and in the second part the treatment of each form of disease is succinctly described, and the *differentia* of the medicines found to be of service in each clearly pointed.

It must be remembered that this is not a work on ophthalmic surgery; on the contrary, while traversing the entire field of ophthalmic pathology, and pointing out those cases where operations are essential, and others in which they may be performed in preference to trusting to drug medication with more or less advantage, Drs. Allen and Norton restrict themselves to naming the operation that may be desirable, and devote their work, with this exception, to describing the indications for the use of drugs in diseases of the eye. The following observations on *Pterygium* constitute a fair specimen of the method adopted.

"PTERYGIUM.

"This disease, considered by the old school as almost proof against medical treatment, frequently yields very readily to the proper homœopathic remedy, though it is true that we too often meet cases which prove very obstinate to treatment, (probably owing to our incomplete knowledge of the *materia medica*) and in which we are compelled to resort to operative measures. Numerous methods have been advocated, chief among which are excision, ligation and transplantation; for the description of these we would refer to any of the text-books on the subject.

“**ARGENTUM NIT.** *Pterygium of a pink color, especially if there is considerable discharge from the eye, inflammation better in the open air, unendurable in a warm room, and associated with pain at the root of the nose.*

“**ARSENICUM.** *Pterygium if accompanied by dryness of the lids and burning in the eye, or if there is considerable acrid lachrymation, and discharge which excoriates the lids and cheeks; particularly if the general symptoms of restlessness, thirst, etc., are present.*

“**CALCAREA CARB.** *Especially indicated in Pterygium, caused from exposure to wet and cold. (See case in Part I.)*

“**CHIMAPHILA.** *We have used this drug in many cases when no marked indications were present, with some success, though have also often failed with it. It is, however, valuable in some instances, and should be thought of.*”

“**ZINCUM.** *Zinc has been more frequently employed, and has given greater satisfaction than any other remedy, especially in that form of pterygium which extends from the inner canthus (as it usually does), for the majority of the eye symptoms are found at the inner angle, as will be noted by examination of the provings. The lachrymation is usually profuse and photophobia marked, especially by artificial light; pricking pain, itching and soreness in the inner angle, worse at night; also itching and heat in the eyes, worse in the cold air and better in a warm room; external canthi cracked. She sees a green halo around the evening light. There may also be present great pressure across the root of the nose and supra-orbital region.*”

With regard to the action of drugs upon the eye, the authors remark in their preface that, “Our knowledge of the pure effects of drugs upon the eye is unfortunately meagre, often quite inadequate and unsatisfactory; still, we have endeavoured to keep to the standard, and have only permitted the introduction of clinical matter when the evidence has seemed to justify.”

By adopting this course the practitioner has placed before him the symptoms which the drug has been observed to produce, and the experience which has resulted from its use by the authors, and other practitioners upon whose evidence they have felt that they could rely. As an illustration of the manner in which each drug is described, we quote the observations on *Causticum*.

“**CAUSTICUM.**

“**OBJECTIVE.** *Inflammation of the eyes, with burning and pressure in them and agglutination in the morning. Visible twitching of the lids and in the left eyebrow. Lachrymation even in a warm room, but worse in the open air.*

“**SUBJECTIVE.** *Burning and stinging as with needles in the eyes, with dryness and photophobia, especially in the evening.*

Pressure in the eyes as if sand were in them. Pressive pain in the eye increased by touch. Biting and pressure in the eyes, which seem heavy, with redness of the lid. Itching of the eyes, especially in the lids; disappears on rubbing. Inclination to close the eyes; they close involuntarily. *Sensation of heaviness in the upper lid, as if he could not raise it easily* or as if it were agglutinated to the lower lid and could not be easily loosened. Opening of the lids is difficult. Itching on the lower lid and on its inner surface, with burning as soon as he touches the eye or moves it.

“VISION. Photophobia; constantly obliged to wink. Flicker-
ing before the eyes, as from swarms of insects. If he winks, he
sees sparks of fire before the eyes, even on a bright day. The
eyes become dim, and the vision indistinct; it seems as though
a thick cloud were before the eyes. Obscuration of the vision,
as if a veil were drawn before them; transient obscuration on
blowing the nose.

“CLINICAL. From the symptomatology given above and the
many verifications, it will be readily seen how important a
remedy this must be in ophthalmic diseases.

“In affections of the lids it has proved very useful, as in some
cases of blepharitis, (especially if ameliorated in the fresh air—
Liebold), also in certain forms of tumors of the lids, particularly
warts found on the lids and brows.

“In scrofulous inflammations of the eye it has been used with
great benefit, as in inflammation of the eyes, with corrosive
lachrymation and shooting pains, extending up into the head,
worse in the evening and at night, with a green halo around the
light; in chronic inflammation of the eyes with violent shooting
pains, dimness of vision and noises in the head; inflammation
with smarting in the eyes, as if worried or irritated without much
lachrymation; also scrofulous inflammation of the eyes, in which
the cornea is covered by red vessels and has a tendency to
bulge.

“Cases of trachoma with pannus have been greatly helped.

“The action of Caust. upon the lens is probably as pronounced
as any remedy in our materia medica, and several cases of cata-
ract have been arrested in their progress and the sight even
improved, where, before its administration, they were rapidly
going on to complete blindness. The following cases will illus-
trate its action:—A man appeared for treatment with well
marked hard cataract, which was rapidly increasing. (Had been
told by celebrated oculists of the old school that he would soon
be blind and that he then could be operated upon.) He com-
plained of the following symptoms, a sensation as if there was
a substance in the eye too large, causing a kind of heaviness and
distention only in the evening, also a feeling as if there was

something moving in the eyes in the evening ; cannot retain his urine, and could not feel the urine passing through the urethra. Under the influence of Caust. the progress of the cataract was immediately checked, and one year afterwards the vision was found somewhat improved, though the white striæ in the lens underwent no appreciable change. After seven years his vision remains fully as good as when he began treatment.

"But its principal sphere of action is in paralysis of the muscles, and here it is the remedy 'par excellence.' It has been used more often with advantage in paralysis of the external rectus, levator palpebræ superioris and orbicularis, though indicated in paralysis of any of the muscles, particularly if caused from exposure to cold. Partial paralysis of the orbicularis with great lachrymation, are known to have been cured, as well as many cases of ptosis caused by cold.

"A lady, thirty-two, after being heated by dancing, took cold and was taken in the night with severe tearing pains in the left half of the face ; afterward she saw indistinctly ; diplopia followed with inability to turn the left eye outward (paresis N. abducentis sin). Caust. removed the paresis entirely in fourteen days.—
PATR.

"Paralysis of the muscles resulting from exposure to wet, more generally calls for Rhus than for Caust."

This work contrasts favourably with many similar treatises. It has not been written by inexperienced practitioners in the hope of attracting experience, but by men who write of that which they have seen, of that which they have accomplished. Hence it is one which may be consulted by the practitioner with confidence that he will derive help from it in treating many forms of disease, respecting which the general knowledge of the profession is less complete than it is in many others. It is, in short, a useful book, and as such we commend it to the study of our readers.

MEETINGS OF SOCIETIES.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE first general meeting of subscribers and donors to the London School of Homœopathy was held on Friday, the 15th December, at the London Homœopathic Hospital, Great Ormond Street, Russell Square. The Right Hon. Lord EBURY presided, and was supported by Drs. BAYES, GEO. WYLDE, DYCE BROWN, A. C. POPE, YELDHAM, DUDGEON, MESSRS. J. B. CRAMPERN, H. R. WILLIAMS, FREDK. ROSHER, A. R. PITE, Captain W. V. MORGAN, &c.

The noble CHAIRMAN, after expressing the pleasure he felt in occupying the chair on that occasion, said: When the Hospital in which we are met was first formed it was contemplated that it should be a nucleus from which instruction in homœopathy should emanate, and I do not know why this has not been attempted before. Of course you know, and all the medical world knows, that we have had to struggle with a great deal of discouragement and opposition, and I believe that there is nothing that tends so much to promote a good cause as a little sharp opposition in its earlier stages, or indeed in any of its stages. After all, oppositions and criticisms clear the air, and medically speaking there is nothing so good as a supply of fresh and pure air. To avoid mistakes we ought not to object to criticism, which brings out the best parts of an institution. Well, we desire to have this School of Medicine formed, and I may say that I think it is time it should be formed. I think in the last report of our Hospital we were rather under difficulties to account for the reason why the contributions of the public to the support of this Hospital—considering it is, with one exception, the only one in England—were not more considerable; and I believe that had this scheme been put into execution long since we should not have had any reason to complain on this score. The public expected to see the principles and practice of homœopathy taught here, and not seeing this, their interest in the institution has been less than we could have desired (Hear, hear). Well there are some active members of the profession, whom I see here about me, who are dissatisfied with this state of things. At the annual Homœopathic Congress held at Bristol this year it was determined to make an effort and see whether this School could not be established. I think the result must have surprised even its proposers. No sooner had the scheme been put forth and published than the contributions seemed to flow in from all quarters, and we may now say that at this moment we have got promises of so much money that there is no reason why we should not proceed at once to the formation of the School. We have only to protect ourselves from any chance of failure. Now you will hear how it is proposed to frame our rules, and as we have the vigilant eye of the profession on us we must take care that in the construction of the rules we do nothing that would offend medical etiquette. I will now call upon Dr. Bayes to give you full information on the subject. (Applause.)

Dr. BAYES said he felt the very serious responsibility of the step they were taking in the formation of a new institution connected with medical art and science. There was always a great and proper jealousy on the part of the profession that they should do nothing that might seem to be in any sense sectarian. They wished to avoid sectarianism, and he wished it particularly

to go before the other members of the profession that in opening this new School they had no intention whatever to add in any way to the sects that divided medicine. It was a very serious responsibility, and none felt it more than those gentlemen who had so kindly supported this movement. Those who had followed him in his address at the Manchester Congress in 1875, and in the views expressed at the introductory lecture delivered in the Hospital in October, 1875, would not accuse him of a leaning towards sectarianism. He had stated, in his introductory lecture, when speaking against the formation of a special medical school, which would be exclusively homœopathic, "to form such a school would perpetuate the division between us and the older school, which we at present deplore in the interests of science. We would rather work within the profession than outside it; we reject the sectarian position which the attitude of the profession towards us attempts to force us into, and we would do nothing to widen the distance which divides us. Excepting in our therapeutics, there is now no difference between our teachings and those of the most advanced of the allopathic school, and we hope that, sooner or later, a truer sense of what is due to the science of therapeutics will admit of the establishment of chairs of homœopathic therapeutics side by side with those of allopathic therapeutics, in the ordinary schools of medicine. It is of immense advantage to those students who intend to practise homœopathy that they should study both systems, in fact all systems, of medical treatment. Therefore I would say to our medical students—Advance as far as you can in the ordinary medical schools, particularly acquaint yourselves with all the modern theories and modes of practice, examine well every new development of science, either directly or collaterally connected with your medical studies. Pay special attention to the therapeutics taught in your school, then go to the bedside, and well mark the clinical results; see how the two things fit one another, disease and remedy. Afterwards study electricity and hydropathy. These have both won their way, to some extent, into the best hospitals. Then, when you have learned all that is taught in the allopathic schools, turn your attention also to the other side, and acquaint yourselves with homœopathic therapeutics." It might be said that the step we were now taking was somewhat paradoxical, but it was not really so. They only proposed to teach just such part of a liberal medical education as was now untaught within the ordinary schools of medicine. They felt themselves to be trustees (so to speak) of an art and science at present little known, and they deemed it so necessary to the well-being of mankind that it should be taught publicly that they combined to effect such teaching. A combination, or, as their friend Dr. Drysdale

forcibly called it, an "organised conspiracy" exists for the purpose of excluding from the schools, the medical societies, and the medical journals, the knowledge of that system of medical practice which they knew to be the best and truest mode of treatment. They therefore formed a counter-combination to cure this crying evil homœopathically. That was the real position they ought to take. Homœopathy ought to be taught well and systematically, if they would not neglect the trust committed to them. The exclusion of its teaching from all the other medical schools made it their duty to form the present institution, and he wished this most thoroughly to be understood and to go forth to the public. Some of their own men had asked what was the use of forming a new school, as they had a Hospital which had done such good work, and thought that out of that they might form the Medical School. But it was simply a question of finance. The Hospital, useful as it was, was at present struggling with difficulties, and they appealed to the Board of Management on one occasion to assist in the formation of a School, but there were no funds existing for the purpose. Then those amongst them who felt that a school was necessary had a meeting, and came to the conclusion that there were many advantages to be derived from a separate institution. They could go to the public for funds for the teaching of a system from which so many persons of the highest rank, as well as members of the middle and lower classes, derived so much benefit. There were several other advantages, and, amongst others, freedom in the selection of the teachers. They would always be willing to be bound as closely as they could with the Hospital, but there were some advantages in freedom of action. They did not wish to be bound down to be simply the Medical School of the London Homœopathic Hospital, but would like to take a freer position. They proposed to offer to students good practical lectures on *Materia Medica*, therapeutics, and the practice of medicine, with access to the hospital and dispensary, as departments for teaching and practice. They would require a library and museum of *Materia Medica*, and he hoped they would not neglect that part of homœopathy which regarded the provings of medicines. As far as they could see, it would require a considerable amount of money for all this, probably £20,000, and they hoped to have a minimum income of £700 a year. They had already something like £400 a year promised them, and besides that, donations to the extent of £1,200 had been offered. He next referred to the progress that had been made. A circular was first sent out, in the middle of July, to medical men practising their system, and about seventy gentlemen joined them in this matter. Their whole number was something under 300, and seventy represented a very considerable proportion. These

circulars came back with notes and annotations, and he was glad to say that almost all the alterations that were made were the expunging a word here or a word there, which might in some way have given offence to the allopathic practitioners. The second circular was sent out in August, and it was from this that they had derived a considerable amount of pecuniary support; the third circular was issued in November. At the Congress held at Clifton, the discussions resulted in certain resolutions with which they were all familiar. These were that a school should be formed, and some definition was made as to its title. He then referred to the liberal offer of the Earl of Craufurd and Balcarres, and hoped that some more of the wealthy homœopaths would take the same practical way of showing their feeling of the advantages of the system they were treated by. With regard to the proposed rules, he had received a number of letters from men whose opinions were of the highest value, wishing, if possible, that some alteration should be made in the title, in order that they might not appear to assume a sectarian position, but the difficulty was to suggest another title (hear, hear).

The meeting then took the rules into consideration, when, after some considerable discussion, the following were approved :

1. That a School of Homœopathy be formed in London, having for its title "THE LONDON SCHOOL OF HOMŒOPATHY."

2. That the objects of the School shall be to afford sound teaching of the principles and practice of Homœopathy, of its *Materia Medica*, its Therapeutics, and of their application in Clinical Medicine, to such members and students of the Medical profession as may desire to be instructed therein.

3. All subscribers of One Guinea and upwards shall be Governors of the School during each year in which their Subscription is paid. Donors of £10 and upwards shall be Life Governors. Donors of £5 shall be Governors for five years. The Governors shall be classed as Medical Governors and Non-Medical. Each Governor shall be entitled to one vote after having subscribed for six months. (This restriction as to time does not apply to the proceedings of this meeting.)

4. The Officers of the School shall consist of a President, Vice-Presidents, Trustees, a Treasurer, a Council, a Committee of Management, and an Honorary Secretary, all of whom shall be elected annually (excepting the Council and such part of the Council and Committee as is hereinafter provided) at a General Meeting of the Governors. They shall be eligible for re-election.

5. That the School shall consist of—

Firstly : Lectureships (*a*) on Homœopathic *Materia Medica* and Therapeutics; and (*b*) on the principles and practice of Homœopathic Medicine, and such other Lectureships as may

from time to time be desirable, to which Lectureships salaries may be attached.

Secondly: A Clinical Lectureship or Lectureships to be filled by a Lecturer or by Lecturers appointed from the Medical Officers of the London Homœopathic Hospital, or of some other Hospital or Dispensary in which Homœopathy is practised in a manner satisfactory to the Council of the School. Such Lecturers must be legally-qualified Medical men.

6. Fit and proper persons to fill the post of Lecturers shall be nominated by the Council from among the applicants for the position, and from these the Lecturer or Lecturers shall be subsequently elected by the Committee of Management by open voting.

7. The Lecturers and all other Medical Officers connected with the School shall hold their Lectureships and Offices for two years; they shall be eligible for re-election.

8. All elections shall be by personal vote of those present, and by voting papers from those absent.

9. The Committee of Management shall be elected at the General Annual Meeting of the Governors. It shall consist of not less than twelve, and not more than twenty-four Members; not less than six of whom shall be elected from among the non-Medical Governors. The general management of all the financial and business affairs of the School shall rest in its hands, subject to the control of the Annual General Meeting, or of a Special General Meeting. It shall elect the Council and appoint the Lecturers, and assign their salaries. Four Members of the Committee shall retire by rotation each year, but shall be eligible for re-election. Three Members to form a quorum.

10. The Council shall be elected by the Committee of Management. It shall consist of twelve Members, six being Medical and six Non-Medical.

Its functions shall be the nomination of fit and proper persons to hold the position of Lecturers from those who may apply for the posts; such nomination to be carried down to the Committee of Management. The Council shall be called together by the Committee for the purpose of considering and advising upon all such matters as the Committee shall require their aid and counsel upon. The Council shall have the power to summon its Members to an Extraordinary Meeting for the discussion of any point connected with the School, in a written requisition addressed to its chairman by any two members, stating the cause for which they desire to convene the meeting. One clear week's notice of such meeting to be sent to each member of Council.

One-third of the Members of the Council, two being Medical, and two Non-medical Members, shall retire annually, but are eligible for re-election. Three Members to form a quorum.

11. The President, Treasurer, and Honorary Secretary shall, *ex officio*, be members of the Council and Committee of Management.

12. The General Meeting shall be held once in each year, on or about the 10th of April.

13. A Special General Meeting may be called on the written requisition of three Members of the Council, or of three members of the Committee of Management, or of six Governors. Such requisition must have been duly notified to the Committee of Management at one of its usual meetings by a letter addressed to the Chairman one clear week at least before the Committee Meeting, and must state the reason for the summons.

14. No rule or law can be added to the above or abrogated or changed without the consent of a General Meeting.

Captain W. V. MORGAN then proposed "That the Right Hon. Lord Ebury be requested to accept the office of President of the London School of Homœopathy." The great benefits derived from his lordship's connection with homœopathy were known to everybody, and especially to those connected with this Hospital. (Applause).

Dr. GEO. WYLD seconded the resolution, and said that he had had the honour of his lordship's acquaintance for twenty-six years. He had watched with the greatest interest his lordship's diligence and invaluable attention to the business connected with the Hospital, and his name as President of the School must confer a very high honour upon it. (Applause.)

The resolution was put to the meeting and carried unanimously.

LORD EBURY expressed himself very grateful for possessing the confidence of so many, highly-instructed, scientific men, and said that although he was getting on in years he would do his utmost to promote the objects they all had in view. (Applause).

Dr. A. C. POPE next moved, "That the following gentlemen be invited to become members of the Committee of Management, viz., Lord Ebury, Lord Bury, General Sir H. Lawrence, Admiral Gordon, Captain Vaughan Morgan, J. B. Crampern, Esq.; A. J. Ellis, Esq.; Boughton Kyngdon, Esq.; F. Rosher, Esq.; H. Rosher, Esq.; C. Trueman, Esq.; Dr. G. Wyld, P. Hughes, Esq.; Dr. T. R. Leadam; A. R. Pite, Esq.; H. R. Williams, Esq.; Dr. C. Wolston, Dr. Yeldham; Dr. Bayes, and Dr. Pope, with power to add to their number." It gave him, he said, great pleasure to be able to take any part in the establishing of this School. He remembered when he and Dr. Bayes joined the late Dr. Ryan in editing the *Review*, now, ten years ago, they had a great deal of correspondence as to the line of policy they should pursue in their effort to advantage homœopathy, and they decided then that they must use the *Review* as a means of

pressing on the formation of what should be ultimately a School of Homœopathy within those walls, and from that time up to the present that policy had been pursued. The *Review* had, during the last 10 or 11 years, frequently urged the importance of such a School as that they were now about to institute. One objection he had heard to a School the other day was to the effect that lectures now-a-days were not wanted—that in those days of books, periodicals and newspapers, lectures were almost useless: but he thought that idea was certainly wrong. It was admitted to be perfectly true in physiology that what was one man's meat was another man's poison—and he believed that in science it was equally true that what was the best way of teaching one man might be the worst for another. Lectures brought us into personal contact with enquirers. This books rarely did. He was much struck the other day in attending Dr. Dyce Brown's lecture at the Hospital with a practical illustration of this fact. Several gentlemen came forward at the close of the lecture to ask questions regarding its subject. A conversation with the lecturer followed, and this gave a kind of knowledge of the subject which no tract or pamphlet could have done. In the present state of medicine, such a School as they were instituting was especially necessary. It was so, because facts were taught at the established Medical Schools, which being explicable only on the hypothesis that homœopathy is true were not explained at all! We propose at this School to explain these facts, to give those explanations which students are entitled to have placed before them. He trusted it would succeed; in the hands of those who had undertaken its construction it was almost impossible to do anything else but succeed, and he had great pleasure in moving the resolution he had already read. (Applause).

Dr. DYCE BROWN seconded the resolution, which was agreed to *nem. con.*

Mr. H. R. WILLIAMS proposed the names of J. B. Cramper, Esq., A. R. Pite, Esq., and Admiral Gordon, as trustees.

Dr. YELDHAM seconded the resolution, which was agreed to.

Capt. VAUGHAN MORGAN was then elected Hon. Treasurer, and Dr. Wm. BAYES, Hon. Sec. of the institution.

A cordial vote and thanks to Lord Ebury for presiding, closed the proceedings.

NOTABILIA.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

ON the 23rd November Dr. YELDHAM delivered a lecture on *Hahnemann*, and on the *Choice of a Homœopathic Remedy*, in the board-room of the Hospital in Great Ormond Street.

After some introductory remarks, he described the early life of Hahnemann, tracing him from his birthplace, Meissen, in Saxony, through his school life, college career and hospital studies, until his graduation at Erlangen. His settlement in practice at Dresden, and subsequently at Leipsic, was also noted; as well as his assiduity as a translator of English, Italian, and Latin medical authors, and his publication of original works. Dr. Yeldham then alluded to his abandonment of practice on account of the uncertainty he had observed of the good effects of medicines in some, and the positively injurious character of their operation in many more cases. He then described the first inkling obtained by Hahnemann of the existence of the homœopathic law; which occurred in the course of his translation of Cullen's *Materia Medica*. He concluded that the action of bark in curing 'ague was due to its possessing the property of producing a similar condition in health. Having verified his theory by experiments made upon himself and some of his friends, he devoted six years to a similar course of experimentation with other drugs, and to researches into the recorded actions of medicines. He then, in 1796, published the views these experiments and researches had given rise to in *Hufeland's Journal*. Subsequently he pursued the same course of study, and in 1811 appeared the first volume of his *Materia Medica Pura*. Dr. Yeldham then referred to the persecution Hahnemann was compelled to endure at the hands of the apothecaries who had the exclusive right to dispense prescriptions, no German physician being permitted to do so himself. The necessities of Hahnemann's pharmaceutic methods rendered his dispensing himself a necessity. Not being allowed to dispense, he was compelled to leave Leipsic, and after a brief residence in several other towns, returned there again, and, amid incessant opposition and perpetual annoyance, remained there until 1820, when he removed to Kœthen, whither he had been invited by the reigning Duke Ferdinand. Dr. Yeldham concluded his review of Hahnemann's career by remarking on his dislike of eulogy, and his consciousness that in all his work he had done no more than his duty; and observed that Hahnemann's career proved that homœopathy was not a mere hypothesis thrown off at random from the brain of an enthusiast or a visionary, but a scientific truth based upon the only sure foundation of experiment; while his character afforded an example to others in self-denial, in devotion to a great purpose, in perseverance, in conscientiousness, and in manly self-respect.

Passing from the life of Hahnemann, Dr. Yeldham entered upon the consideration of *the choice of a remedy*. In doing so he referred to the difficulties of selecting a remedy on the principle of *similars* arising out of the imperfection of our

knowledge of the human organism in health, and still more in disease. He then spoke of the necessity of obtaining a complete picture of the disease. In so doing he pointed out how essential it was to the homœopath to differentiate cases of the same form of disease, the one from the other, when choosing an appropriate remedy. This he illustrated by adducing diarrhœa as a disease which, in most instances, was by an allopath treated by the time-honoured chalk-mixture, whereas the homœopath must be guided in prescribing by the distinctive features of each case. A case of diarrhœa, attended by severe pain and tenesmus, with discharge of mucus, requiring a different remedy from one where there was little or no pain, and where the evacuations were watery. No amount of trouble, he added, was thrown away that was expended in the investigation of a case of disease, Success without it was impossible. He then pointed out the importance of estimating the constitutional and moral condition of a patient, his occupation and previous ailments, in deciding the choice of a remedy. The value of characteristic symptoms was next dwelt on, and illustrated by a case of violent biliary derangement, in which the allopathic remedies usually employed in such cases had failed, and where the medicines commonly homœopathically indicated had also failed; but when, by the observation of a marked periodicity in the attacks of vomiting, he was led to the selection of *quinine*, the patient was rapidly cured by it given in doses of one-twentieth of a grain. He next dwelt on the character of the similarity between the symptoms produced by medicines and those which mark the course of disease; showing, at the same time, how much closer it was between some medicines and some diseases than between others. The method of "proving" medicines by experiments on the healthy was then remarked upon, and the advantage of students re-proving medicines on themselves pointed out. The method of selecting a medicine was illustrated by a case reported by Hahnemann in the preface to the second volume of the *Materia Medica Pura*. Dr. Yeldham concluded his lecture by enforcing the necessity of studying the *Materia Medica*, of profiting by the experience of the past, and of care in clinical observations. On the first point he spoke of the advantage of verifying or correcting the choice of a medicine by comparing the symptoms of the disease treated with those of the medicine prescribed, and noting, while so doing, the differences between the effects of the various medicines possessing more or less similar actions. As books of reference, he alluded to Hahnemann's *Materia Medica Pura*, to Hempel's *Symptomen Codex*, Allen's *Encyclopædia*, and the *Repertories*. He especially recommended Dr. Hughes's *Pharmacodynamics* to the careful study of the student as a work of great value. Of experience as an aid in selecting a medicine, he said

that while each case should be individualised and treated on its own merits, independently of any other case of a like nature, yet that there were so many diseases of a fixed and uniform character that by general assent certain well-known remedies have been shown to be especially suited to cure them. The object of individualisation is to guard against routine practice, and does not justify us in ignoring the accumulated knowledge either of ourselves or others. Finally, Dr. Yeldham urged the importance of studying the effects of remedies applied homœopathically in the wards and out-patient rooms of homœopathic hospitals and dispensaries.

LECTURE II.

On the 30th November Dr. YELDHAM discoursed on *Medicines and Dilutions ; the Dose, the Repetition of the Dose, and Alternations of Medicines*. The medicines were, he said derived from the animal, vegetable, and mineral kingdoms ; and the utmost care was exercised in preparing them for use in the form of tinctures and triturations, which were the starting points from which the dilutions were made. The tinctures used by the homœopath were, unlike most of those prescribed by the allopath, simple, unmixed with any other drug. The triturations were described as being employed for the purpose of administering insoluble substances which were ground up with sugar of milk. The pilule, or small pill, was introduced as a substitute for the globule, the place of which it had now almost entirely taken. Pilules are composed of sugar and starch. They are saturated in the tincture of the medicine it is desired to impregnate them with, and afterwards dried on blotting paper. The globule was referred to as having been introduced by Hahnemann to facilitate the exhibition of medicine in infinitesimal doses. It had now almost entirely disappeared from practice.

Dilutions Dr. Yeldham regarded as a simple and ingenious invention for defining the dose. He then described the method of preparing dilutions on the centesimal and decimal scales.

The Dose.—After some preliminary remarks on the importance of this part of his subject, and on the difference of opinion which existed in respect to it, Dr. Yeldham observed that for nine years Hahnemann used palpable doses in practising homœopathy, that it was with such doses that he established homœopathy. Subsequently he promulgated his doctrine of small doses, making his dose smaller and smaller until he arrived at the thirtieth or decillionth dilution. He, however, varied his dose in different cases to the end of his life. Since his death some of his disciples had carried their dilutions up to the thousandth and hundred thousandth. And thus Dr. Yeldham said it had come to pass that at the present time the followers

of Hahnemann had ranged themselves into three classes, viz., the low, the medium, and the high dilutionists. The advocates of the low dilutions, he said, chiefly employed the mother tinctures and dilutions up to the third decimal. He argued that the idea that the dose was of no consequence so long as the right remedy was chosen was a fallacy, unless it applied simply to infinitesimals. He also denied that there was no rule for the dose. There was a rule, viz., that the curative must be smaller than the physiological dose. After illustrating and enforcing this rule, he went on to show that as medicine is a science dealing with known quantities of medicinal substances for the cure of disease, we must keep within the limits of known quantities. These were ascertainable in some medicines by their physical properties as perceived by the senses, and as shown by the spectroscope and microscope; and it might be assumed that if our tests were sufficiently sensitive we might detect all medicines in a much higher state of dilution than we can do at present. The necessity of employing high dilutions in order to avoid aggravation was, he thought, so exceptional as to be scarcely worth regarding. In estimating the dose we had to regard the nature of disease, the nature of the remedy, and the age and constitution of the patient. Dr. Yeldham then spoke of the advantages of the rule he had laid down. It was, he said, simple and intelligible; there was no doubt about the genuineness of the medicines in such doses as this rule demanded. The trouble of preparation was comparatively small. It provided also a point around which all homœopaths might rally. The medium dilutionists, whose range of dose was from the third to the thirtieth dilution, were, he said, the rightful heirs of Hahnemann's infinitesimals. While unable to see any advantage in these dilutions, he unhesitatingly admitted that they had some power over the human organism. Nevertheless, he argued that homœopathy dealt with recognisable quantities of medicinal substances in stimulating diseased organs to healthy reaction. "But," he said, "when we ascend beyond certain dilutions (allowing the widest limits to the divisibility of matter) it is inconceivable that a point must not be reached where this division ceases, and medicinal particles no longer exist. This," he continued, "is not homœopathy." Of the existence of dynamisation, as understood by Hahnemann, in relation to the development of medicinal force, we had, he said, no evidence. Neither was there any proof that the action of infinitesimals was due to electricity. High dilutions, he argued, had nothing to do with homœopathy. The existence of matter in the two hundredth or the one hundred thousandth dilution was not only inconceivable, but so improbable as to be practically impossible. The mere time required to make them honestly after the manner of

Hahnemann rendered them so. In concluding this part of his subject, Dr. Yeldham urged the enquirer into homœopathy to keep closely to the physiological dose, and not to perplex his mind with infinitesimals.

The Repetition of the Dose.—The dose should be repeated more frequently in acute than chronic disease. In diseases running a rapid course, medicines must be repeated at proportionately short intervals, though they are seldom given with advantage more frequently than every hour. In acute diseases, such as pneumonia, a dose every third or fourth hour is sufficient; while in the exanthematic fevers, the course of which we can modify but not arrest, medicine is not required oftener than once in four or six hours. In chronic disease medicine need not be administered more frequently than once or twice a day. Night is, with some exceptions, the best time to take a daily dose. In chronic diseases some medicines, chiefly metals, had a more prolonged action than such as are derived from the vegetable kingdom; while in acute disease a medicine may be discontinued as soon as amendment is perceived. In chronic cases its action must be kept up for some time beyond that.

Alternation of Medicines Dr. Yeldham regarded as undesirable, although a practice very generally followed. The best safeguard against it was a careful study of the *Materia Medica*; for he was convinced that it was owing to an imperfect acquaintance with it that the habit of alternating had gained any hold upon us. It was, he thought, most justifiable in acute disease, attended by febrile action disproportionate to the organic lesion, when aconite alternated with the remedy indicated by the local mischief was unquestionably useful. A too slavish adherence to symptomatology was, Dr. Yeldham thought, calculated to lead to alternation and a too frequent change of medicine. With some remarks on the value of homœopathy as a method of treatment, Dr. Yeldham brought his lecture to a conclusion.

On the 7th ult. Dr. DYCE BROWN delivered the first of two lectures on *The Physiological and Therapeutic Action of Arsenic, and its bearing on Homœopathy*, of which the following are abstracts.

LECTURE I.

In introducing his subject Dr. Brown remarked on the approaches towards the views of the homœopathic school made by allopaths. This was shown by the direction which the method of studying drug action was taking. It was precisely similar to that originally adopted by Hahnemann. There have, he said, been more experiments made within the last few years, having for their object the discovery of the pure action of

medicines on the healthy than for generations before. Both schools were thus at one as to the foundation upon which any system or science of therapeutics must rest. At the same time such experiments were really of very little use when medicines were prescribed allopathically, while to the homœopath they were of the greatest value. It was further a powerful argument in favour of homœopathy that these medicines when used by allopaths acted homœopathically in most instances. To illustrate this point he had selected *arsenic*. Dr. Brown then, after referring to the uses of this drug among ancient physicians, pointed out the leading features of a case of acute arsenical poisoning, remarking in doing so on the close analogy it presented to cholera, a form of disease for which arsenical poisoning had been mistaken. Having alluded to the cerebro-spinal symptoms, to an imperfect form of paralysis, to conjunctivitis, and to a disturbed state of respiration as characterising some instances of arsenical poisoning, he passed on to the consideration of the post-mortem appearances following death from arsenic, referring chiefly to the inflamed state of the alimentary mucous membrane observed. The symptoms of chronic arsenical poisoning were next discussed. The irritability of the stomach, conjunctivitis, eczema, ulceration, œdema, headache, convulsions, paralysis, and other consequences of prolonged exposure to the influence of arsenic were dwelt upon. The tissues chiefly attacked by arsenic were then considered. The conjunctiva and the kind of inflammation produced in it were first noticed. Of what use, Dr. Brown asked, could the knowledge that arsenic produced conjunctivitis be to the allopath save to warn him that he must diminish his dose? To him such information is but a danger-signal—to the homœopath it is a guide-post. He then pointed out its remedial value in these cases, and illustrated his remarks by detailing the particulars of a case in which arsenic had proved curative after all the resources of the old school had been tried in vain. Other forms of ophthalmia in which it was useful were also described. He then quoted from Handfield Jones, Mackenzie (Glasgow), Begbie (senr.) to show that allopaths valued this remedy in these very cases to which it was so manifestly homœopathic. Tracing the mucous membrane downwards he referred to ozœna, to aphthæ, occurring in weak, emaciated children, to stomatitis when the ulcerations are phagœdonic in type, and to cancrum oris, as conditions to which arsenic was obviously homœopathic, and in which it had proved invaluable. The state of the mucous membrane of the throat produced by arsenic was one analogous to that seen in severe cases of scarlatina maligna, in which it had been found most useful. The peculiar character of tongue produced by arsenic was next described as a clean, red, raw-looking tongue, indicative of

irritation of the stomach and bowels, and always present in gastro-enteritis. Occasionally, especially in chronic poisoning by arsenic, the tongue had a thin, silvery, transparent coat, which was worthy of remembrance. Inflammation of the mucous membrane of the stomach was characteristic of arsenic-poisoning. Here, again, such knowledge was useless to the allopath, save as a danger-signal. Acute gastritis was rare in practice, but the chronic or sub-acute form was frequently met with, and in such arsenic was remedial, and was of great value in ulceration of the stomach. Notwithstanding the clear homœopathic relation of arsenic to inflammation of the stomach, and notwithstanding their antagonism to homœopathy, arsenic is highly praised in this form of disease by allopathic authors, especially by Dr. Leared, Mr. Hunt, Dr. Handfield Jones, Trousseau and Pidoux. Dr. Brown concluded his lecture by pointing out that the facts he had brought forward showed that the pathogenetic effects of arsenic to be of any use therapeutically must be used on the homœopathic principle. To describe such a remedy as a "tonic" was simply evading the question. If this so-called tonic does produce in the healthy a similar condition to that it cures in the sick, call it tonic or stimulant or what not it is homœopathic.

LECTURE II.

On the 14th ult. Dr. BROWN resumed the consideration of the physiological and therapeutic action of *arsenic*. He commenced by referring to the irritation and inflammation of the intestinal canal, as observed after poisoning by arsenic, to the gastro-enteritis it sets up—a condition in which arsenic was a valuable remedy. The character of the diarrhoea of arsenic—watery stool, profuse, with burning, griping, or cramp-like pains in the abdomen, with a red, or at all events a clean tongue—was, together with the morbid states in which it is generally present, next described. It was in diarrhoea, whether functional or otherwise thus characterised, that arsenic was a valuable remedy on the one hand, and an equally valuable palliative on the other. Dr. Brown then considered the action of arsenic in cholera, pointing out how serviceable it had been found in each epidemic in which it had been used. He then noticed the observations of Dr. Black, of Chesterfield, on the use of arsenic in cholera. Similar commendation of arsenic in diarrhoea had been given by Dr. Ringer, by Trousseau and Pidoux, and by Dr. Begbie, sen., in cases where diarrhoea and skin diseases co-existed. Such treatment was not allopathic, and it was impossible to explain it otherwise than through homœopathy. The action of this drug upon the respiratory mucous membrane was then described, and when doing so the arsenic-eating habits of the Styrian peasantry were noticed, and the influence of the drug upon the respiration,

complexion, &c., described. The forms of chest disease in which arsenic was remedial, to which its physiological action pointed as those it would relieve, were then discussed. They were of a chronic character. Chronic, spasmodic, asthmatic bronchitis; in pure spasmodic asthma; in phthisis, especially of the non-tubercular order, the power of arsenic were well shown. In these chest disorders allopathic writers, ignorant, it is presumed, of its homœopathic relation to them, extol its efficacy. After alluding to the ancient physicians, Dr. Brown quoted from the writings of Dr. Begbie, sen., Handfield Jones, Trousseau and Pidoux, Leared, &c., in support of this statement. He then passed to the consideration of the action of arsenic on the skin, showing the variety of skin disorders it developed, and of which it was well known to be curative. Reasoning both from analogy and from experience, Dr. Brown regarded arsenic as valuable in chronic endo-metritis, with ulceration of the os uteri and profuse leucorrhœa. In cancerous disease Dr. Brown had often seen the sore become more healthy-looking, the discharge less and less fetid, the pain mitigated, sleep secured, and the general health of the patient much improved by the use of arsenic. Without curing cancer, it does afford a most desirable amount of relief. The character of the febrile condition set up by arsenic was then described. The type closely corresponds to typhoid. It produces a state of general depression of the vital powers, with irregular chills, feeble reaction, and perspiration. It resembles hectic and typhoid. Hence it is useful in true influenza. It is in the second stage of typhoid that it is most valuable; without cutting short the disease, it keeps it under control. The sphere of arsenic in intermittent fever was then described. It is most suitable in cases of old standing, and especially those where the three stages of chill, fever, and sweating are irregularly marked, one stage being well marked, and others less so, or even absent, and again in those where the tongue is clean and rapid prostration occurs. Not only in ague, but in all disorders manifesting periodicity of action arsenic is a valuable remedy. In noticing its action upon the heart Dr. Brown quoted Trousseau and Pidoux as stating that arsenic abolishes the contractility of the heart and influences its tissue, while fatty degeneration is sometimes found in its tissue. Correspondingly in disease arsenic was found to give increased power to the heart. Angina pectoris was greatly benefited by arsenic. It was also the most reliable remedy in the effusion following pericarditis. In chronic rheumatism it had not been so much used as it might be with advantage. On the kidney, arsenic has a marked action. Suppression of urine and albuminuria were results of it, the kidney being found enlarged and hyperæmic with the epithelial cells charged with fat. Hence it is useful in

chronic Bright's disease, and in acute nephritis following scarlatina. In dropsies the action of arsenic on the heart and kidney, and its power to produce œdema point to it as a leading medicine in their treatment. Lastly the neurotic action of arsenic was discussed. Conditions closely resembling chorea, epilepsy, and tetanus have been produced; while paraplegia has been developed in many cases. In neuralgia arsenic was a "king of remedies." The special indication for arsenic was the pain, which is burning, as if hot needles were being driven in; its intermittent and periodic nature formed an additional reason for selecting it. In cramp it was a valuable medium, and also in chorea. In restlessness and sleeplessness it was in many instances indicated. In conditions of debility, when the tongue is clean, appetite gone, bowels rather inclined to be loose than the reverse, sleeplessness and tendency to perspire on the least exertion, arsenic is an admirable "tonic," to use an old school phrase. After expressing his regret that time did not admit of his entering into the question of dose, Dr. Brown concluded by insisting that the pathogenesis of arsenic was utterly useless in a therapeutical point of view if allopathy was to be trusted to as a principle of drug selection, while to the homœopath every pathogenetic symptom was of the utmost value in pointing out the exact cases which arsenic will cure, and those in which it was to be preferred to every other remedy. Both schools admitted the value of the method of studying drugs by discovering the pure effects of drugs upon the healthy body; the facts were undoubted, and were equally the property of both schools. They diverged simply in the interpretation of these facts. Was it not then probable that the homœopath who could utilise every single piece of pathogenesis was right, while the allopath who could not do so was wrong? Still more probable did this become when it was found, as had been pointed out, that wherever arsenic was given by the old school it was, whether wittingly or otherwise, prescribed in accordance with the homœopathic principle. Either arsenic is useless as a medicine, or the homœopathic principle for the selection of the remedy is the right one.

These lectures will be resumed on Thursday the 11th inst. by Dr. HUGHES, who will take for his subject *Hahnemann's Materia Medica Pura*. They will be continued on each succeeding Thursday at 5 p.m.

BIRMINGHAM AND MIDLAND HOMŒOPATHIC HOSPITAL.

THE Committee of this Institution have recently issued the following Special Appeal on Behalf of the Building Fund and for New Annual Subscriptions.

"The Committee of the Birmingham and Midland Homœopathic Hospital purchased, in 1873, for £7,000, about 1,200 square yards of freehold land in Easy Row, and have since spent £6,500 in erecting the greater portion of a commodious Hospital. The New Building was formally opened by the Earl of Denbigh on November 23rd, 1875, and a public Luncheon held, at which more than £1,700 was subscribed.

"The part already completed consists of a large and well-ventilated Waiting Hall and Consulting Rooms for Out-patients, having no direct communication with the In-patient Department; also Wards for Men, Women, and Children, with separate Day Rooms; and a completely detached Building for Infectious Cases.

"At present the Committee do not feel justified in incurring the expense of completing the whole building, but retain the house No. 15, Easy Row, for the accommodation of the Officers of the Institution, and Paying Patients in private wards.

"The amount required beyond what has been already promised, to pay for the part now completed is about £2,500. The Committee earnestly appeal to the public for Donations and Annual Subscriptions to meet their increased expenditure, which is now nearly £300 over the annual income.

"During the year 1875, 131 in-patients were treated at the Hospital, 4,197 visits were paid to patients at their homes, and the attendances of out-patients numbered 17,804.

"An important feature in the work of this Hospital is the HOME RELIEF FUND, which provides nourishing cooked food on the requisition of the House Surgeon for those 'Home Patients' who require it. Subscriptions in aid of this department will be gladly received by the Hon. Sec. to the Relief Fund, Miss S. MARTINEAU, 18, Highfield Road."

Most heartily do we trust that the wealthy and generous inhabitants of Birmingham will support the Committee of their Hospital by responding to this appeal. It seems but a few years ago since we saw Fearon, Lawrence and Knowles working away at a small Dispensary in Old Square! And now, not only is there a hospital, but one that is well managed, well supported, and well filled. Even the *British Medical Journal* would, we should think, be scarcely disposed to doubt the vitality of homœopathy in Birmingham.

We may add that donations and subscriptions may be paid to the account of the Hospital, at the Birmingham Banking Company (Limited), Bennett's Hill, Birmingham.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management of the Hospital having drawn the attention of Drs. Drury and Mackechnie to a statement by them as to the small number of beds occupied during a portion of the

year, when, from a concurrence of circumstances, the number of patients was considerably below the average, the following answer has been forwarded by Dr. Drury to the Sub-Committee appointed to bring the matter under the notice of the two senior members of the Hospital Staff.

“ 7, Harley Street, Cavendish Square, W.

“ Dec. 11th, 1876.

“ My Dear Sir,—As you have shown me an extract from an allopathic journal, in which advantage is taken of a statement of mine at the Congress lately held at Clifton to endeavour to do us an injury, and as you think it possible it may be understood in a sense injurious to the Hospital, I very gladly write a line to correct any such wrong impression, though I fear the ill-judged remarks in one of *our* periodicals have been the cause of the comments in the allopathic journal, the quotation being apparently from the editorial article.

“ I stated that at a recent period there were but 28 beds occupied in the Hospital. This occurred in August. But I did not give these figures as representing the average, which I find would have been 37 for July, August, and September, and 41 and 42 for the other months. I was defending myself and my colleagues from a personal attack, and had gone to Clifton at great inconvenience solely for this object. But for this I would not have been there.

“ Having corrected the statement that I did not give my figures as an average, I must add that nothing would be further from my mind than to say anything to injure the charity. My remarks ought to have stimulated others to fresh zeal. I have been too long and too intimately connected with the Hospital not to feel the deepest interest in its welfare.

“ From an intimate knowledge of the Hospital, I can bear witness that it has been a welcome home of rest to many a sick and weary one, and I know from the distances the sick children have been brought week after week, and the numbers of them as well as of other patients attending the out-patients' department, that the Hospital has supplied a want; for the poor need and seek homœopathic medical aid as well as those who are better circumstanced.

“ As regards the medical staff of the Hospital, though some may think it a disadvantage that in the recent appointments younger men have taken the place of those that were older, I see amongst them men who will do no discredit, and who will I trust by their zeal and attention to the patients still further raise the character of the Hospital.

“ I would conclude by an earnest appeal to my professional brethren, and also to the supporters of the Hospital not to lessen

their subscriptions or support, because they may have heard of some differences of opinion ; on one point we are all united, that it is most desirable our reserve fund and subscription list should be largely increased, that the usefulness of the charity should be enlarged, so as to make it a hospital in every way worthy of our country and the noble cause it represents,

"My friend, Dr. Mackechnie, who was with me at Clifton, concurs in all I have written.

"I am, my dear Sir,

"Yours sincerely,

"WILLIAM V. DRURY.

"A. R. Pite, Esq.'

Dr. Drury is pleased to term our remarks "ill-judged." But for his statement, one which greatly astonished us, the remarks he alludes to would not have appeared. When, however, a medical officer of a hospital goes out of his way to make a statement gravely affecting the character of the institution he is connected with, and still more gravely reflecting upon the character of the method of treatment pursued there, we, as public journalists, are bound to enquire into the causes of such a statement being possible. This we lost no time in doing, and gave the result in our leading article for November—one we have every reason to believe was correct.

THE CLINICS AT THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.

A REGULAR series of medical and surgical clinics are now held every Thursday at the Ward's Island Homœopathic Hospital, which give great satisfaction to both the profession and students of the college.

At half-past one o'clock, on the day mentioned, a fine steamer leaves the foot of Twenty-sixth street and East River, having the students on board, and, after a beautiful sail, reaches the Island in about half-an-hour. As soon as the class is seated the medical clinic is held for an hour by the physicians who are on duty. The surgical clinic then follows, being conducted by the surgeons in attendance. The hospital, which contains over four hundred patients, offers abundant material for these clinics, and the attention of the students, together with the presence of many medical gentlemen, indicate the satisfaction with which they are received. Special attention is bestowed on auscultation and percussion, together with all forms of physical and ordinary diagnoses, while operative and practical surgery receive the entire attention of the surgeon, the theory being taught in the amphitheatre of the college.

Already several formidable operations have been performed, and the clinics have so well been established, that the Board of Charities and Correction have consented to the erection of an amphitheatre for the better accommodation of students and physicians. The expense of conveying those attending the lectures of the New York Homœopathic College, both to and from the hospital, is defrayed by the College, thus affording to students the advantages of the clinics without extra expense.

It may be well also here to mention that there has been a gynecological clinic established at the college, by Professor Mac Donald, and thus another practical field of instruction is offered to homœopathic students.

Homœopathic Times (New York, Nov. 1876.)

PRESENTATION TO DR. DYCE BROWN, ABERDEEN.

LAST night, in connection with the departure of Dr. Dyce Brown, medical officer of the Homœopathic Dispensary, Aberdeen, to London, a farewell soirée was held in the Aberdeen Young Men's Christian Institute, Union Street. The object of the meeting was, as more fully explained in the speeches, to present Dr. Brown with a token of the great esteem in which he is held by a large circle of friends, and the regret with which they regarded his departure. Major Ross, of Tillicorthy, presided, and was supported on the platform by Dr. Dyce Brown, Rev. Principal Brown, Mr. Miller, Rev. H. Bell, Mr. Stewart, Mr. Bryce, Colonel Kirby, Dr. Walker, and Dr. Duncan. The meeting was opened by the singing of the Old Hundredth and prayer; after which tea, &c., was served out. This over—

The CHAIRMAN rose amid applause and said: My friends, as we all know we are met here to-night, not simply to do honour where honour is most certainly due—to him who is the guest of this evening—Dr. Dyce Brown—(applause), we are here to endeavour to show our cordial appreciation of the sterling qualities of heart and head which he possesses—(applause)—and to testify to the warm place which Dr. Brown occupies in our hearts, and to the very sincere and deep feeling of regret with which we regard his departure from Aberdeen—(applause). Were it mere medical skill and ordinary medical attention that give rise to our regret, we might have left to others, in other and more ordinary ways, to have shown their sense of these qualities. But in our respected medical man we are losing one who not only possesses medical skill and aptitude, but who, by his cordial geniality, his tender sympathy and unwearied attention, has endeared himself to his patients, so that in losing him, they feel they are losing a friend whose place cannot be easily filled—

(applause). And to the honour of Dr. Brown, be it said, not among his richer patients merely, but equally, if not even more, among the poor. I know I am saying nothing more than what is simple truth, that among the poor and poorest of our citizens, the name of Dr. Dyce Brown will long be fragrant—(applause)—and his genial cheerful voice be long missed. It is proper here to state that the idea of this farewell social meeting and of these material tokens of regard and esteem now before me, took its rise among the patients of the Homœopathic Dispensary, in connection with whom I must not omit to mention the name of Mrs. Wright, whose untiring energy and warm affection to her medical man have so greatly helped to bring us all together to night—(applause). There are other considerations which press on one at such a time as this, and which call for special notice. In Dr. Dyce Brown we are losing not only an accomplished and highly-educated medical gentleman and esteemed friend, but we are losing one who, in the face of the strong prejudices of his professional brethren, boldly, courageously, and openly took up the practice of that medical system known by the much-abused name of homœopathy. Too much praise cannot be accorded to Dr. Dyce Brown for the determined stand he has made in this cause—(applause). I have derived great benefit myself from this system of medical treatment. I am a strong homœopathist, and I would not have an allopath to treat myself or children for anything whatever, because I do not believe in allopathy in the slightest degree. That is the way I stand with regard to it, and I am perfectly satisfied that I address many here who have the same feelings on the subject, because of the benefit they have derived from Dr. Dyce Brown's treatment—(applause). How the light first dawned on him we are not here to inquire; but having seen the glimmerings of the light, he followed on until he fully grasped the fact that what medical science had for long sought, and even now professed to seek—a leading and reliable principle in their practice—was to be found in that system called homœopathy, shortly expressed in the words, *Similia similibus curantur*. Did we need further proof than that of our own experience of the benefits of this system, we have only to point to the recorded number of patients—nearly 500—who have attended the Homœopathic Dispensary since its commencement, over nine months since, and to the sum of nearly £60 paid in 2s. 6d. fees during that time—(applause). Will any man in his senses affirm that again and again the same individuals, out of their hard-made earnings, would have paid these fees had they obtained no benefit, or that such numbers would have come forward, and continue to come forward had cures, and these often of most obstinate and chronic cases not been the result of the treatment? I say it cost Dr. Brown no

small exercise of courage and determination to face all the open and covert obloquy of practising this mode of treatment, more particularly in the face of such a high school of medicine as that of Aberdeen; but his thorough sincerity, his character, and gentlemanly bearing have not only carried him well through the ordeal, but he will leave Aberdeen, I feel assured, with the respect and esteem of his own profession. But further Dr. Brown has made himself well known by his writings on medical practice beyond the circle of Aberdeen. He has long been an able contributor to the medical journals of the country, and is an esteemed editor of the London monthly *Homœopathic Review*, so that in his new sphere of labour he goes amongst those who are prepared to give him a hearty welcome, and among whom, it is not too much to say, we believe he will soon take a high place—(applause). Before concluding, I must not omit to congratulate ourselves on having obtained so admirable a successor to Dr. Brown in the Dispensary and Homœopathic practice in this city as Dr. James Walker, a distinguished student of medicine in the University of this city, who has, since getting his degree, practised his profession for twelve months in the Homœopathic Hospital in London, as well as in other places, and who has already made a most favourable impression on the patients at the Dispensary and on Dr. Dyce Brown's patients generally—(applause). Major Ross then concluded by presenting to Dr. Brown, in the name of the subscribers, a very handsome gold watch bearing the inscription—"Presented to David Dyce Brown, A.M. and M.D., by the patients of the Homœopathic Dispensary, Aberdeen, and a few friends, as a token of their esteem on his leaving for London. Aberdeen, 24th November, 1876." He further handed to Dr. Brown a beautiful silver card case for Mrs. Brown, and bearing the inscription—"To Mrs. Dyce Brown from a few of Dr. Brown's friends. November 24th, 1876."

Dr. BROWN, in rising to acknowledge the presentation, was received with prolonged applause. He said that this was an evening of which he was most proud, and that if there was one thing in his life of which he would not be ashamed, it would be to say that he was proud of this evening. In leaving Aberdeen for a new sphere in London, his feelings were of a mingled character. Naturally, he had feelings of pleasant anticipation in looking forward to a successful future in London, and his going there was by the advice of his best friends in London, and also with the sanction of his most attached friends in Aberdeen who knew the circumstances of the case. But though this was so, he could not help, in thus departing to practice in that great centre which was not only the metropolis of the kingdom, but of the world, feeling sincere regret that he should have to leave the place where he

had lived so many years, and where from friends on every hand he had received so much kindness. In saying good-bye to many of these friends, he had been deeply touched; but now that so many of them had come there to bid him farewell, that Major Ross had done him the honour to mention his name so kindly, and that such magnificent gifts had been presented, he really could not find words adequate to express his feelings—(applause). He could but thank them from the bottom of his heart for the honour they had done Mrs. Brown and himself. It would make them feel when in London that in Aberdeen they had a second home which they would as often as convenient return to visit—(applause). Mrs. Brown and himself would gladly welcome any friends who might be able to come to London to see them, and to any friends, though unable to come to London, who wished his advice in any way, he would be glad to be of service—(applause). Nothing, he assured them, could have been more acceptable to him than the gift, which would, as often as he looked at it—and, as a doctor, that would be very frequently—bring to his mind recollections of the good and true-hearted friends he had left behind him. Mrs. Brown, he assured them, would view her gift in the same light. Referring to the Homœopathic Dispensary at some length, Dr. Brown said there seemed to be a genuine feeling on the part of many that those patients who could not afford the fees of a medical man, should have the advantage, if they chose, of the system of treatment termed homœopathy, and what Major Ross had stated regarding the Dispensary clearly established that, as far as it had gone, it had been a complete success—(applause). After a reference to the conveniences of the dispensary—its periodicals, tracts, &c.—which, though small, might, in being more largely patronised, be enlarged, to the good management of Mrs. Wright, and a few complimentary remarks anent his former pupil and successor, Dr. Walker, Dr. Brown concluded, amid applause, by again returning his sincere thanks for the gifts of his kind and valued friends.

Rev. H. BELL then made a few remarks, alluding in terms of praise to his dear friend Dr. Brown, and corroborating what had been said as to the success of the homœopathic system and the Dispensary established in Aberdeen.

Principal Brown followed with a brief and interesting speech on his son's medical career in regard to homœopathy, in regard to which science he (Dr. Brown) had become convinced as the best mode of medical treatment, from self-conviction and investigation, and in the entire absence of the slightest mention, hint, or suggestion of it by himself (Principal Brown) or any member of the family, either in correspondence or at home. Once convinced of its utility, his son had at once—and circumstances

speedily demanded it—manfully stood up for the system. It was, however, due to him (Dr. B.) to say that between him and the other medical gentleman of Aberdeen there existed nothing but the feeling of friendship and kindness—(applause). The rev. Principal concluded after observing that his son had—and more he could not say—held fast to principle, by expressing the pleasant and grateful feelings with which he viewed the present manifestation of feeling towards Dr. Brown.

Major Ross then said that, in order to avoid misconception, he hoped it would be understood that the obloquy which Dr. Brown had brought on him by his expressed ideas and actions on homœopathy had been shared by another respected medical gentleman in Aberdeen, viz., Dr. Archibald Reith. He hoped that it would be clear that he did not wish it to seem as if Dr. Brown had stood the brunt alone.

The proceedings were interspersed by the choir of the Free High Church singing some excellent pieces of sacred and secular music, adding greatly to the enjoyment of the pleasant evening, which terminated in the usual way—the according of various votes of thanks.—*Aberdeen Daily Free Press*, Nov. 25.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE following is a complete list of the Subscriptions promised to Dr. Bayes towards the formation of the London School of Homœopathy.

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* To be given to School and Hospital in equal proportions.

Towards the further development of the Hospital the following sums have been received in connection with the School Movement.

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The Earl of Crauford and Baltarres a year	35	0	0	A Friend	8	3	0
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Mrs. Coope	10	10	0	A Donation of a Diamond Ring and a set of Pearl Ornaments have been given to Dr. Bayes for the Hospital	30	0	0
Lady De Tabley	1	1	0				
Mrs. Garnett	50	0	0				
J. Moore, Esq., M.D., Liverpool	10	0	0				

The following sums are promised, conditionally on sufficient funds being subscribed to place the enlargement of the number of beds in the Hospital on a permanent basis.

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Captain Vaughan Morgan ...	100	0	0	A Thank-offering from one who			
Rev. G. P. Quicke ...	100	0	0	having seen the practical			
William Bayes, Esq., M.D. ...	50	0	0	working of the Schools of			
P. Hughes, Esq. ...	5	0	0	Homœopathy in America			
				would fain see one opened			
				in England ...	10	10	0

Further promise to School Fund.

The Earl of Crauford and Balcarres.....(in 1878) £200

The Rev. C. P. QUICKE writes—"If you think there is any chance of raising the £20,000 I will give £100, or I would offer to subscribe £25 on condition of forty-nine others coming forward.

Attention is specially directed to this offer and that of Dr. Roche to join in supporting one bed, and those Gentlemen inclining to make similar offers are requested to communicate immediately with Dr. Bayes, 4, Granville Place, Portman Square, W.

BUTCHER'S STRENGTHENING FOOD.

THE forms of farinaceous foods advertised for sale by different makers are numerous; many of them are excellent, and well adapted for invalids and infants. Of these that prepared by Mr. Butcher is one of the best. It is palatable, nutritious, and easy of digestion. The analysis that we have obtained of it from Messrs. Midwinter and Webster, shows it to contain a more than average proportion of the constituents of a good farinaceous food, especially of gluten, of which Dr. Pavy, quotes from the report of a Commission of the French Academy upon wheat and maize, in his *Treatise on Food and Dietetics*, that it "satisfies by itself complete and prolonged nutrition." The analysis is as follows:—

Gluten	...	...	21·2
Starch	...	...	56·1
Sugar and Gum...	...	...	5·57
Cellulose	...	...	3·2
Fatty Matter	...	...	1·61
Salines (chiefly phosphates)	...	...	2·4
Moisture	...	...	9·92

100·00

We have tested it made up in the forms of porridge, milk-pudding, and biscuits, and in each have found it to be a very pleasant article of diet, and one that furnishes a goodly amount of nutriment. We have much pleasure in commending it to our readers, and especially to those who may require something of the kind in the nursery or the sick room.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending December 28th, gives the following statistics :—

Remaining in Hospital, November 28rd.....	53
Admitted between that date and December 28th	40
	—
	93
Discharged between Nov. 28rd, and Dec. 28th	51
	—
Remaining in Hospital December 28th	42
	—
The number of New Out-Patients during the month has been	491
The total number of attendances for the same period has been	1501

BRITISH HOMŒOPATHIC SOCIETY.

THE next ordinary meeting of this society will take place on Thursday next, the 4th inst., at the Hospital, Great Ormond Street, at 7 o'clock in the evening. A paper will be read by Dr. WOLSTON, of Croydon, entitled *Notes of Cases of Glossitis, Small-pox, and Congestive Apoplexy.*

CORRESPONDENCE.

THE DOUBLE ACTION OF MEDICINES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I am sorry to see, from your leading article in the last number of the *Review*, that you continue to misunderstand the position I have taken up; and persist in pelting me with facts, when what I dispute is not the facts, but your interpretation of them. Let me take the first half-dozen or so of the observations you cite, and show how easy it is to read them, when relevant, otherwise than as you do, and to find in them no evidence whatever of “the doctrine that medicines have two actions, the one the exact reverse of the other, developed by large and small doses respectively.”

1. A strong galvanic current, you say, paralyses the vaso-motor nerves, while a moderate one excites them. But surely this is an instance of the well-known law that stimulation, whether excessive at the outset or too prolonged, exhausts the excitability of the part to which it is applied. It is not that the stimulant ceases to be a stimulant, but that the part acted on can no longer respond to it.

2. The first effect of dividing the spinal cord by a galvanocaustic wire is to constrict the systemic arteries, but on this follows a long-lasting dilatation. Where is the large and the small dose here? I could give two plausible explanations of the phenomena, but the case really has no bearing on the question before us.

3. Excessive cold, you think, is “too powerful a stimulus,” and so the shivering it causes is followed by general fever. Do you imply that the chill of moderate cold is *not* followed by heat in proportion? Surely you could not have had in your minds the incidents of your morning tubbing at this time of year. But at the best the facts are but remotely related to the point at issue.

4. Heat, you argue, is a stimulant when moderate, causing contraction of blood-vessels, but paralyses them when excessive. This fact, if it be one (your evidence in favour of it is hardly conclusive), is of the same nature as that discussed in Section 1.

5. All you say about *aconite* is in proof of its causing secondary re-active, as well as primary depressant phenomena; but what has this to do with the double and reverse action of large and small doses? Is there one dose of *aconite* which will always cause primary chill, and another which will always cause primary heat?

6. Constipation and diarrhœa may be so variously brought about that it is impossible to affirm that the causation of one by small and the other by large doses of a drug is an evidence of its double action. It may constipate through the nerves or muscles of the intestines, while it purges by irritating the mucous membrane.

And so I might go on through all the facts you have collected. Let me ask you now to await the examination of the doctrine itself which I hope to make in the lectures on the nature and laws of drug action, which I am to have the honour of delivering at the Hospital in February next. When I have accomplished this, the question will be ripe for any further discussion you may wish to give it.

I am, Gentlemen,

Faithfully yours,

RICHARD HUGHES.

LONDON HOMŒOPATHIC HOSPITAL.

To the Editor of the Monthly Homœopathic Review.

60, Wimpole Street,
Cavendish Square, W.

Gentlemen,—In the November number of the *Homœopathic Review* appears an article attacking the Medical Staff of the London Homœopathic Hospital in general, and charging one of its members in particular with having been absent from his post 87 per cent. of the occasions on which, during the first half of this year, he should have been present.

Now, in consequence of a letter I received from the Board of Management, I have reason to believe that I am the person thus unjustly assailed. If so, I beg to deny the truth of the allegation, and I desire to refer the governors and subscribers to the attendance-book at the Hospital, which has been examined, to prove its incorrectness.

I am, Gentlemen,

Your obedient Servant,

J. HAMILTON MACKECHNIE.

December 12th, 1876.

[The attendance-book to which Dr. Mackechnie refers in support of his denial of our statement that he had been absent from duty since the 1st January, 1876, 87 per cent. of the

occasions on which he had undertaken to be present, was examined early in July, when, so far as Dr. Mackechnie is concerned, it gave the following report:—

Due at Hospital	Punctual	Half-an-hour Late	Absent
68	18	25	25

We believe that the correct percentage of absences here would be 87.5. These figures speak for themselves, and render further comment on our part needless.—Eds. *M. H. R.*]

NOTICE.

Our publishers have requested us to inform subscribers that they are prepared to undertake the BINDING of the *Review* for 1876 in a strong, neat chocolate-coloured cloth, with gilt lettering. Copies, accompanied by a remittance of 1s. 8d. in postage stamps, must be sent to 59, Moorgate Street not later than the end of the present month.

NOTICE TO CORRESPONDENTS.

.*. We cannot undertake to return rejected manuscripts.

Communications have been received from Dr. Drury, Dr. Yeldham, Dr. Mackechnie, Dr. Hale, Dr. Bayes, Mr. Whiting, London; Dr. Hughes, Brighton; Dr. Belcher, Brighton; Dr. Hale, Chicago; Dr. Berridge, London; Rev. J. Scargill, London, &c.

BOOKS RECEIVED.

Homœopathic World, December. London.
The Chemist and Druggist, December. London.
Hahnemanian Monthly, November. Philadelphia.
The Homœopathic Times, October. New York.
American Observer, October. Detroit.
Cincinnati Medical Advance, November and December.
United States Medical Investigator, November. Chicago.
The Ohio Medical and Surgical Register, November. Cleveland.
Address at Hahnemann Medical College, Chicago. Ry A. E. SMALL, M.D.
Introductory Address. By R. LUDLAM, M.D., Chicago, 1876.
L'Art Médical, December. Paris.
Bibliothèque Homœopathique, November, 1876.
Revue Homœopathique Belge, December. Brussels.
Allgemeine Hom. Zeitung, December. Leipsic.
El Criterio Medico, November. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DICK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY HOMŒOPATHIC REVIEW.

MERCURIAL TEETH.

By no means one of the least of the indirect benefits to mankind which homœopathy has been the means of bringing about is the influence it has had on the old school in inducing its adherents to abandon, to a considerable extent, the excessive use, which is synonymous with the abuse, of certain drugs which are powerful for evil as well as for good, according to the way in which they are administered. Our opponents have, for some time, seen plainly that diseases, which were formerly thought fatal or incurable unless subjected to a barbarous mode of treatment, end in recovery as well, and in most cases better, without the use of such medication. The result is the abandonment, to a large extent, of such "heroic" methods of dealing with disease. Even the allopaths themselves are obliged to admit that this result is produced chiefly through the silent influence of homœopathy, but take away all the grace of such an admission by saying that, as homœopathy is in their opinion no treatment at all, it only shows how well such serious diseases recover naturally, and solely through the *vis medicatrix nature*, aided by nursing. Yet, in spite of this dogmatic assertion, we never find that

our brethren of the old school put this belief into practice, and treat a case of serious disease by cold water. But we can afford to smile at such an easy mode of escaping from an awkward dilemma. There is no piece of drug-treatment which demonstrates so clearly this revulsion of feeling and of practice on the part of our opponents as the use of *mercury*. This is so well known that it is needless for us to rake up the melancholy pictures which were so common not very long ago, of patients who continued all their life to labour under the effects of a cure which was far worse than the original disease. We need only refer to the alterations in the last edition of that, in most respects, masterly work on *Practice of Medicine*, by Sir THOMAS WATSON, and compare them with the corresponding passages in former editions,—for example, on pericarditis and iritis—to see what a marvellous change has been wrought in a very few years in old school practice. To meet with a patient who has been recently salivated, except for syphilis, is quite an exceptional occurrence, while even the traditional blue-pill in gastric and intestinal disorders is much modified in quantity and in frequency of administration. But still we are sorry to say that only part of the evil is removed, and *mercury* is to this day given in certain cases to such an extent as to show its evil effects years after.

It has been long known, and the fact is to be found in every work on *Materia Medica* and *Practice of Medicine*, that young children are much less liable to the development of the usual physiological manifestations of the action of *mercury*, than are adults. It is well known that it is difficult, almost impossible, to salivate a young child; an infant “tolerates” *mercury* in much larger doses proportionally than an adult can. Hence the hasty conclusion is drawn that it is safe to give to young children quantities of

this drug which, in proportion to their age, could not be, with impunity, administered to an older person. In the case of most drugs, the infantile dose is very small compared with the adult dose, but with *mercury* this is not so; and because a certain continued dose given to an infant produces no such visible evil effects as in adults, it is believed by the allopaths that they require a larger proportionate dose of *mercury* than of other medicines. It seems never to occur to our opponents that because the infantile organism so differs from that of the adult that "salivation" is next to impossible, yet the tiny constitution may suffer in its own way, and only perhaps render visible the mischief in after years.

That such is the case, however, is testified to by one of the most accurate observers, acute thinkers, and able physiologists of the day, Mr. JONATHAN HUTCHINSON. The remarks uttered by this gentleman at a meeting of the new "Association of Surgeons practising Dental Surgery," held in May last, and reported fully in the *Medical Times and Gazette* of May 18th, are well worthy of perusal, and careful reflection. The subject under discussion was the appearances of what are known as "Syphilitic Teeth," that is, the appearances presented by the permanent teeth of those who are the subjects of inherited syphilis. Into a description of these peculiarities, we do not propose to enter in this place, but it was while giving his views on this subject, and differentiating the appearances of syphilitic teeth from other common appearances, that Mr. HUTCHINSON made the important remarks to which we at present draw attention. He states that he can easily tell children who have been during the first few months of their life subjected to over-dosing with *mercury*. It is not soon after the mischief is done that he can point out its evil effects, but years after, when the *permanent* teeth have come through;

his remarks have an interesting bearing on the physiology and growth of the teeth, and are explained by the anatomical observations regarding the growth and calcification of the permanent set. Of the permanent teeth, the first to be calcified are the first molars; this is begun at about five or six months; next come the central incisors, soon after; the lateral incisors and canines begin to be calcified about eight or nine months; the two bicusps or præ-molars at about two years, &c.; and it is in this order when a child has in its early months been over-dosed with *mercury* that the mercurial caries appears,—the first molars being the test-teeth. We cannot do better than quote his remarks on this subject:—“I demonstrated at another Society, some time since, teeth which I considered typical of stomatitis, and usually of mercurial stomatitis, and I was astonished at the number of my friends, of considerable experience, who came and looked at my patients, and said ‘These are syphilitic teeth.’ I said ‘No; syphilitic teeth are totally different; these indicate mercury’ Then just a word or two as regards mercurial teeth. I quite admit the justice of your secretary’s remarks as to the probability that these [teeth exhibited] are ‘stomatitis-teeth’ in a wider sense than if we limit the term to the stomatitis which is due to the influence of mercury; but I believe that mercury is, in English practice at least, by far the most frequent influence which produces them. My interest has been a good deal drawn to this subject, because I find that these teeth always occur with a certain form of cataract. The lamellar cataract always has these badly-developed teeth. That is an observation several ophthalmic surgeons have made—that you always get pitted, badly-developed teeth. Mr. COLEMAN and myself also hit upon this fact—that with this lamellar cataract

the patients never have good teeth. We found that they do not show the syphilitic malformations, but they have those malformations which seem to me in connection with mercury. Another fact has been brought out by Professor ARLT, of Vienna, and that is, that with lamellar cataract, and with those bad teeth, there is always a history of convulsions in infancy; and I believe the connection of these things is, that the mercury is given for the convulsions, the convulsions cause lamellar cataract, and mercury causes the deformity of the teeth. I have taken all the evidence I could as to the history of mercury having been given in cases in which typical sets of mercurial teeth were present, and I avow my conviction that mercury is, in English practice, by far the most common cause of these malformations. The test-teeth for mercury are the first molars. I suppose all dentists are very familiar with the fact, that the first molar is the tooth to decay first: it is almost always the one to have caries first; and here, I believe, is the explanation of it. The first molar is the tooth which stomatitis damages, and the explanation of that is, that the first molar is the first tooth in the patient's head to be calcified, and proceeding in its development much more rapidly than the rest, it is the first tooth which suffers most if stomatitis occurs during the first six months of life. Here seems to be a very interesting law of general application, which thoroughly fits with facts and experience. I have here a drawing, showing the kind of malformation of the first molar which occurs. The first molar is the tooth which never escapes if the teeth are damaged by mercury. Next come the four incisors and the canines, they being calcified a little later than the first molar, and the two præ-molars [or bi-cuspid] invariably escape [being calcified not sooner than two years of age.—Eds.] You get two beautifully white præ-molars intervening between

your four incisors and canines, which are damaged, and the first permanent molar, which is also damaged. You get your two præ-molars beautifully white and clean from the simple fact that they are calcified very much later, at a time when stomatitis is very much less frequent. I have some very remarkable facts confirming this view, that this defect is due to mercurial influence, and I would like to suggest to this Society a very interesting subject for investigation, and that is, whether there are any defects of teeth whatever which are due to rickets or to scrofula? I have taken a good many drawings of teeth from scrofulous patients, and am constantly in the habit of attending the operating theatre at the London Hospital, and, when a scrofulous patient is on the table, of showing the teeth to the students, in order to prove that with scrofula, as a rule, there is no malformation in their development. There may be white pits—there may be defects; but that you often get splendid sets of teeth in such patients there is not the slightest doubt. I have done the same as regards rickets, and I do not believe, for the present, that there is any malformation of the teeth with rickets; at any rate, it is a thing for those who assert it to prove. When I exhibited these drawings of mercurial teeth at another Society, I was told, ‘Oh, these are rickety teeth, I know them well.’ ‘Do you mean the first or second set?’ ‘The first set.’ ‘Well,’ I replied to my critic, ‘I mean only the second set.’ Permit me to repeat now, it is only the second set which are involved in deformities from mercury or syphilis. In many German works, although many authors allude to rickety teeth as if they were well known, the descriptions of them are most vague, and the assertions as to whether they are in the temporary or the second set are quite uncertain. I can assure this Society that the knowledge of the teeth which are associ-

ated with the rickety diathesis is as vague as it can possibly be, and very excellent work will be done by any one who can prove that there are any peculiarities, and will show me what they are, which are in association with the diathesis of rickets."

Surely here is a text and a moral well fitted to make our allopathic friends pause and consider. To think that, because an infant cannot be salivated without the greatest difficulty, it is to be dosed with such quantities of *mercury* as will ruin its teeth in after-life, is melancholy. It is clear that mercurial stomatitis is often passed by as a natural, and not a medicinal disease, while the disastrous effects of the *mercury* are not visible in the teeth till the child is nearly six years of age, when the first permanent molar makes its appearance, and when the connection between the disease in the teeth and the previous overdosing with *mercury*, never occurs to either the parents of the child or the medical man who has done the mischief.

Well may we pray for the time when such rough treatment shall, for the sake of humanity, be a thing of the past, and well may homœopaths congratulate themselves and their patients, that they can cure infantile disorders by their gentle treatment and small doses, not only with more satisfactory results at the time, but without the humiliating thought that they are the instruments of creating future disease in the little patients who are confided to their medical care.

From another point of view, also, Mr. HUTCHINSON'S remarks are of value to us. They point out very clearly, first, the homœopathicity of minute doses of *mercury* in idiopathic stomatitis; secondly, that in progressive caries of the teeth, when there has been no history of mercurialism, minute doses of *mercury* might be of service in checking the further progress of the disease; and thirdly, if this fails,

or where there has been a history or a probability of infantile mercurial poisoning, it might be worth while to give the patient a course of *hepar sulphuris*. This investigation, with its results, is not the least important of the many contributions to medical science for which the profession is largely indebted to Mr. HUTCHINSON.

RE-VACCINATION.

BY ALFRED C. POPE, M.D.

THE prevalence of small-pox in the metropolis suggests the propriety of directing attention to the measure which is alone calculated to prevent its occurrence.

The great discovery of Jenner resulted in the all but stamping out of this disease amongst us for a considerable period of time. Of late years, however, small-pox has been epidemic on several occasions. Is, then, vaccination an inefficient or imperfect protector against an attack of the disease? Is the quality of the lymph in use deteriorated? Is the operation carelessly performed? Why, in short, does it happen that, with a Compulsory Vaccination Act in force, we have any cases of small-pox amongst us at all? These questions seem to require consideration.

Small-pox is regarded as a non-recurrent febrile exanthem. One attack is held to protect the sufferer against the occurrence of a second. The protection afforded by vaccination or inoculation is almost equally great. The evidence that it is so is simply overwhelming. But it is not *more* complete than this. Small-pox, scarlatina, and measles have, until within the last twenty years, rarely happened more than once in the lifetime of an individual. Now, however, a second, or even a third attack of scarlatina or measles is far from uncommon. The degree of protection provided, by having passed through one illness, against having a similar one subsequently, is much less than it was some years back. To what cause this present lack of immunity is due it is difficult to state. Various hypotheses have been broached for its explanation, but none, that I am aware of, can be regarded as satisfactory—none has any well-ascertained series of facts to support it. For all practical purposes, moreover, the fact is sufficient, viz., that

acute febrile exantheas, which some years ago were regarded as non-recurrent cannot, to anything like the same extent, be so esteemed now. Hence, the same precautions which are necessary to avoid the contagion of a first attack of one or other of these disorders should be enforced to prevent a repetition of it.

This fact appears to me to explain in no small degree the frequency with which small-pox is now met with after vaccination. It is not common, as a casual ailment, any more than is a secondary attack of scarlatina or measles; but when small-pox is epidemic—when, that is, sources of contagion are multiplied and a predisposition seems for the time being to exist towards its development, it is met with much more frequently than formerly.

It may be a question, though certainly it is one very difficult to decide, whether the lymph at present in use has or has not deteriorated. That it has not would seem probable from the fact that, among those employed in the London Small-pox Hospital at Highgate, where everyone on entering its service is previously vaccinated or re-vaccinated, no case of the disease has ever occurred. And, again, at the present time, small-pox is epidemic in Chatham; but, every officer and soldier stationed there having been re-vaccinated, no case of small-pox has appeared in the barracks. Such instances as these, and they might be multiplied, give us confidence in the quality of the lymph being employed at present. Nevertheless, the experiments of M. Warlomont of Brussels, with heifer-lymph, have been attended with a degree of success sufficient to make us wish that a similar establishment was set on foot in London. Much of the doubt which exists as to the controlling power of vaccination, all fear which prevails of introducing some form of disease together with the lymph taken from the human subject, would be dissipated by using that derived from the vesicle on the udder of the cow. The *vaccinia* induced is certainly more severe than that following the insertion of human lymph, but it is not more so than can, with ordinary precautions, be held in check.

That the operation may in some instances have been carelessly performed, and its protective power, so far, have been injured, is probable enough. But this, by itself, is insufficient to account for the numerous instances in which, in recent epidemics, small-pox has happened in spite of previous vaccination.

The only explanation at which it seems possible to arrive, of the frequency with which vaccinated persons have of late contracted small-pox, appears to me to be—first, that during an epidemic the protective power of vaccination performed some years previously is impaired; secondly, that there is a greater tendency among the non-recurrent exanthems, of which small-pox is one, to develop a second time, than was the case some years back.

The lesson taught by these reflections is, that re-vaccination should be adopted whenever the operation has not been undergone within a comparatively recent period. The marks left by a first vaccination are not, as has been supposed, a sufficient guide in enabling us to determine the necessity or otherwise of re-vaccination. Whether the epidemic influence has anything to do with the readiness with which vaccination takes at present, I am not prepared to argue; but, during the last fortnight, I have been surprised by the completeness with which the vaccine vesicle forms in the arms both of children and of adults who show large, well-foveated marks as evidence of previous successful vaccination. Mr. J. P. Purvis, a Public Vaccinator in Greenwich, recently published in the *Lancet* the results of two series of re-vaccination cases, amounting in all to 5,267. Of these, 4,965 were successful—a failure of only 5.8 per cent.

The fact that vaccination takes is proof absolute that the patient was liable to be influenced by small-pox contagion. But, on the other hand, failure may be due to some circumstance connected with the operation or the management of the patient during the few days subsequent to it. Hence, when failure has occurred, the operation should be repeated.

Two points in reference to the operation are worth a remark or two. First, with regard to the supply of lymph. So general is re-vaccination at the present time, that the quantity of lymph available for operation will run some risk of being exhausted. Every precaution, therefore, should be adopted for husbanding it. It is well to remember that, as has recently been pointed out by Dr. Stephen Mackenzie, Mr. J. P. Purvis, and other writers in the *Lancet*, lymph intimately mixed with glycerine in equal proportions is quite as efficient as pure lymph; indeed, from its not drying up so rapidly as the latter does, it seems to be more certain of absorption than it. Glycerine

lymph was largely employed during the Franco-Prussian war by German surgeons, and with such effect that it is now very generally preferred by them. It was also used many years ago in Her Majesty's navy in the Chinese seas. Both Dr. Mackenzie, from extensive experience at the London Hospital during the epidemic of 1871-72, and Mr. Purvis, from a large number of vaccinations at the Naval School of Greenwich, testify to its perfect efficiency. It must be remembered that lymph preserved with glycerine separates from it, and consequently requires to be intimately mixed before using.

The instrument for operating with is a matter of some little importance. For many years I have used, and have felt satisfied with, the "rake," introduced I think by Dr. Husband, of Edinburgh; but recently my attention was drawn to an instrument designed by Dr. Cooper Rose, of Hampstead, and I have, since using it, been much impressed with its advantages. The needles—five in number—project from a movable sheath just sufficiently to penetrate the epidermis when the instrument is pressed on the skin, and moved round to the extent of half a circle. The operation is perfectly painless, the bleeding is absolutely nil, and the absorbing surface is limited, yet ample. It is the most perfect instrument of the kind I have yet seen. It is made by Mr. Coxeter, of University Street.

2, Finsbury Circus,
January, 1877.

ON CHAMOMILLA AND APOMORPHIA.

By DR. YELDHAM.

ONE evening last year, I was urgently requested by a gentleman to accompany him to his house to see his child, who, he said, was dangerously ill with spasms of the bowels. The child had, it appeared, been suffering in this way for more than a week. During the first few days, the pains occurred principally in the fore part of the day, gradually subsiding until, towards evening, they ceased almost entirely, and the child passed a tolerably quiet night. For the last two days, however, the attacks had increased in violence and frequency, and at length had become almost incessant, occurring both night and day. The suffering of the previous night had been so agonising to

the little patient, and so heartrending to the parents, that, in sheer despair, the father came to beg of me to go and see the child, if only to comfort the mother, who had known me some ten years before, and who was herself a homœopath.

On arriving at the house, I found the patient, a beautiful boy of three years old, in one of the attacks already mentioned. Watching him carefully till this had passed away, I observed, in the interval, that he was calm and almost cheerful, talking to those around him, and noticing what was going on. His head was cool, and his mind clear. His skin was moist, his pulse not much accelerated, his abdomen flaccid and soft, and non-tympanitic. When questioned as to the seat of his suffering, he placed his hand on the lower part of his abdomen, and flinched when pressed there. There were no signs of worms, nor was there any evidence of special irritation from teething. The bowels had acted several times during the illness, forbidding any suspicion of intussusception. The tongue was moist, and slightly coated. After the lapse of about five minutes, the attack returned. Instantly the child became agitated, as from the apprehension of pain. The blood rushed to his face, which became crimson; his hands were clenched, his legs were alternately drawn up, and stretched out at full length; a profuse sweat broke out over the whole body, and stood in drops on his forehead. His cries and screams for the moment were piteous. This state of things lasted, perhaps, two minutes, the pain subsiding rather suddenly, when he again became calm.

He had, as a matter of course, been vigorously treated throughout the illness by the allopathic family doctor. He had taken two doses of castor oil, and a variety of mixtures, the last containing bismuth and rhubarb. Twelve drops of chlorodyne had been given, in two-drop doses; fomentations had been constantly applied, and he had repeatedly been put into a warm bath. The last expedient was an opium plaster, with which the abdomen was covered when I saw him. None of these measures, with the exception of the baths, had afforded the smallest relief.

I prescribed two drops of the mother tincture of *chamomilla*, to be taken in a teaspoonful of water, every half hour; and, as the patient's house was at a considerable distance from mine, and my engagements did not admit of my visiting him early in the morning, I requested to be

informed by messenger of the result of the treatment. Accordingly, the father called the next day, and told me that although the pains were severe for some hours, after midnight they gradually abated in frequency and violence, and at five o'clock in the morning ceased altogether, when the little fellow fell into a long and refreshing sleep, from which he awoke comparatively well. He had taken some light food, and there had been, after an interval of ten hours, no recurrence of the attack. I did not see him again.

This case is interesting chiefly in its relation to the question of the most effective dose of *chamomilla*. The opinion has of late years been promulgated, on high authority, that the twelfth dilution is, *par excellence*, the curative dose of this medicine. Speaking on the strength of my own experience, I am compelled to question the soundness of this conclusion. There is no *a priori* reason why it should be true. Nor do I think that there is any sufficient *a posteriori* proof that it is so. Both reason and analogy are against such an assumption. Reason would lead us to expect that different diseases, and patients of different ages, sexes, and constitutions, would require different doses of this, as well as of other medicines; and analogy abundantly shows this to be the case. For a number of years, until I adopted the practice of giving palpable doses of the weaker vegetable remedies, I had altogether abandoned the use of *chamomilla*, on account of the unsatisfactory, if not entirely negative, results that had followed my employment of it in the dilutions. But, since I have prescribed more massive doses, I have resumed the use of this medicine, chiefly in the mother tincture, with a very fair amount of success, of which the foregoing case is a favourable instance. I am quite willing to allow that the twelfth dilution has accomplished all that its advocates claim for it; but, that it is the only, or even the most, effective potency of the medicine, I cannot admit.

APOMORPHIA.

On December 23rd, I was requested to visit a young widow lady, who had been liable to attacks of sickness, which, commencing in childhood, had grown upon her with advancing years. Within the last few months she had scarcely been free from them for more than a week together; and, for ten days before I saw her, she had

suffered a continuous attack, vomiting as many as twenty times in the day. The stomach instantly rejected everything that was taken, with the sole exception of a dessert-spoonful of brandy, mixed with an equal quantity of water, which the medical attendant ordered to be taken every hour, to sustain her. During the intervals between the actual vomitings she had violent attacks of retching, and the throwing up of quantities of ropy phlegm, as if from the larynx and fauces. These efforts of vomiting and retching, added to the total exclusion of food for several days, naturally produced great exhaustion and prostration. The precise cause of this state of things was by no means clear. The only evidence of organic lesion was a sense of soreness at the pit of the stomach, and tenderness there on pressure. The uterine functions were healthy; the skin was cool and natural; the pulse weak, but not abnormally quick, considering her debilitated condition. The tongue was but slightly coated. There were thirst, from inability to retain cooling drinks, and headache, from want of sleep, arising from the vomitings. My suspicions were in the first instance directed against the brandy, which, if not an exciting, was, I have no doubt, an aggravating cause. But I could not learn, after repeated and close enquiries, that she had been in the habit of indulging in the use of that, or any other alcoholic drink, to an injurious extent. What had been ordered I at once interdicted. The allopathic attendant, who had been treating her up to the time I saw her, had employed all the usual means to arrest the sickness, but they had utterly failed. Nor did better results reward my efforts in the first instance. For two days and a half I prescribed *tartar emetic* 3x, *ipêcacuanha* ϕ , and *nux vomica* 1x, but they scarcely produced any appreciable effect. On the evening of the third day I ordered five grains of the third decimal trituration of *apomorphia* to be taken dry on the tongue every two hours. The very first dose produced a marked influence. She said she felt it "meeting the vomiting and stopping it half-way up the throat." In the course of the next twelve hours she vomited three times, once or twice afterwards, and then no more. Her subsequent recovery was, as might be expected, equally sudden and complete. With the exception of some brain disturbance, from the previous want of rest, she had no unhealthy symptom. She had good refreshing nights, speedily regained her appetite, with the enjoyment

of solid food, and at the end of a week she was quite well—only a little weak. The medicine, it should be stated, was continued for several days, at long intervals.

This is a good illustration of the virtues of *apomorphia* in vomiting, inasmuch as the pointed circumstances of the case leave no room for doubting the curative action of the medicine. I have seen several other cases of vomiting of a less marked character, in which this remedy alone effected a speedy cure. It appears to me to be a very valuable addition to our *Materia Medica*, and the profession is greatly indebted to Drs. G. Blackley and Dyce Brown, for bringing it under its notice; the former by his physiological proving of it on himself; the latter by his observations of its therapeutic virtues.

The foregoing cases—more especially the latter—may be taken as examples of the advantage of the symptomatology of homœopathy, in obscure cases; obscure, that is, as to the exact pathology of the disease. No one appreciates more highly than I do, the light which pathology reflects upon symptomatology, but, after all is said in its favour, the similarity between the symptoms of the disease, and those of the remedy, must ever remain the keystone of the arch on which homœopathy rests.

53, Moorgate Street,

January 7, 1877.

TREATMENT OF SENILE GANGRENE, PHLEGMONOUS ERYSIPELAS, AND INTUSSUSCEPTION OF THE BOWEL.*

BY THEODORE R. BROTCHE, M.B., C.M.

I PROPOSE in this paper to relate three cases, viz.: one of Senile Gangrene, one of Phlegmonous Erysipelas, and one of Intussusception of the Bowel, trusting that they may prove of interest to the busy practitioner, and encourage him to persevere in the treatment of conditions which may often seem beyond the power of human skill. The first case to be detailed was one of Senile Gangrene, occurring in a lady aged 67.

She had complained for some days of a feeling of numbness and pricking in the toes, and when I saw her the

* Being the substance of a paper read at the Liverpool Hom. Med. Chir. Soc.

symptoms were as follows: "toes and front of the foot of a dark red appearance, pain and uneasiness in the whole of the foot worse at night, great thirst, diarrhœa and general prostration."

I ordered the parts to be enveloped in cotton-wool, and the diet to consist of milk, cocoa, beef tea, arrowroot, &c., plenty of barley water to drink, but no stimulant.

The medicine prescribed was *ars.* 3 (trit.) two grains every three hours. I continued this treatment for three days, and the only good resulting was that the diarrhœa was checked, but the foot appeared to be getting worse, a slough having formed on the great toe.

I now prescribed *secale* 1x, three drops every three hours, the same diet to be continued.

This treatment was pursued for two days more, and the patient was gradually getting worse, the slough having extended, and the symptoms pointing to a gradual failure of the vital powers.

I now determined on a thorough change of treatment, and ordered a dessert-spoonful of brandy every three hours, two drops of *acid muriat.* 1x every two hours, the slough to be dressed with *ung. creosoti*, the upper part of the foot still to be enveloped in the cotton-wool.

My authority for the selection of the muriatic acid was Boenninghausen, who recommends it among the medicines for gangrene.

The diet to consist of strong beef tea, chicken broth, arrowroot, &c.

As she could only obtain slight snatches of sleep during the day or night, I gave *gelsem.* (φ) nine drops divided into three doses to be taken during the night.

In three days from commencing this mode of treatment there was a decided improvement, and at the end of a week she had almost passed out of danger. I now gave *carbo. reg.* 3 (trit.) two grains three times a-day for another week, the same diet, and still the brandy. The case continued to progress favourably, and the only other medicines given were *calc. carb.* and *china*. I ceased my attendance at the end of five weeks, and I have often seen the old lady since, who is quite charmed with her foot and homœopathy. In connection with this case, I would observe that I was very fortunate in seeing it early, and in having a healthy subject to deal with.

The effect of the acid and also of the stimulant was

very marked, and there can be no question but that we should help to sustain our patient by the free exhibition of stimulants, in order that nature may have time afforded for effecting a cure, and also to allow fair opportunities for our remedies to act efficiently.

The second case which I have to relate was one of Phlegmonous Erysipelas; the patient was a young man aged twenty-three, of a full and robust constitution.

He had been feverish for some days, and had complained of pain in the back, nausea, and occasional shivers.

When I saw him, his symptoms were as follows: "nose, face and eyelids much swollen, of a bright red colour, accompanied with burning pain in the parts, high fever, great thirst, difficulty in swallowing, vomiting and inclination to delirium at night."

I ordered the face to be well dusted with flour, and that he should have plenty of milk, no stimulant.

I gave *bell.* 1x every two hours. In two days he was much better, only complaining of a feeling of tenderness over the scalp. I then gave him *bell.* and *silic.* in alternation, and at the end of a week he was so much recovered that I permitted him to go down stairs, but not out of doors. He, however, not only went down stairs, but also into the garden ~~at~~ the back of the house, staying out about half-an-hour. He had not been long in the house when he began to shiver violently, and was very sick. He was put to bed, and some of the medicine left was given him. Towards night he began to be very delirious, continuing so till about five o'clock in the morning, when he became very quiet, and his friends sent for me in a great hurry, saying that he was in a dying state. On seeing him, I found his features presenting a bluish appearance, eyes contracted, pulse very slow, tongue blackish, surface of body coldish, and on running my hand over the scalp, I found it soft and doughy to the touch. As there was no time to be lost, I gave an injection of beef tea and brandy, and applied hot bottles to the feet, mustard cataplasms to the calves of the legs, and guided by the symptoms I have recounted, confidently selected my medicine—*opium*.

If I had not already believed in homoeopathy, this case would have convinced me of its truth. The action of the medicine was really marvellous. I gave *opium* 1, three drops for a dose, and with difficulty forced it down his throat.

For an hour I repeated the dose every quarter, and at the end of this time there was a slight improvement, the body being warmer.

I stopped another hour, when the surface was much warmer, the eyes not so contracted, the pulse improved, and not so much difficulty in swallowing. I directed the medicine to be persevered in till I saw him again, and a teaspoonful of brandy to be given occasionally. I saw him again about four hours after, and his eyes were now quite open, heat of the body good, pulse improved, and he was apparently progressing favourably. Next day he was decidedly improved, but extremely feeble, and there was marked tenderness all over the scalp. I still continued the same medicine, giving him strong beef tea with a little brandy. Next day improvement continued, but tenderness, especially on the left of the scalp, remained unaltered. I continued the same treatment.

On the fourth day I determined to make an incision into the scalp, and cautiously cut where I found the, what I supposed to be, matter most pointed.

A good quantity of pus and blood escaped, and I ordered a light poultice of charcoal and linseed to be applied to the wound, and gave as medicine *ars.* 3 (trit.) grs. 2 every two hours. I gave *ars.* owing to the cedematous state of the scalp, and also in consequence of the excessive weakness and prostration of the patient. I continued this medicine for a few days, following it up with *sulph.* and *china*, and the patient made a most satisfactory and perfect recovery. This is a most interesting case, not only on account of the decided action of the medicine, but also as showing the necessity of putting restraint on patients' movements in what may seem very simple cases. His foolhardiness in exposing himself to cold before the erysipelatous condition had been neutralised, was extremely thoughtless, while his deferring to send for medical assistance earlier than he did still further jeopardised the patient's life.

I think two morbid conditions were threatening when I saw him, viz.: effusion at the base of the brain; and secondly, formation of matter beneath the scalp, which really did take place, though at a later period.

The third case which I shall relate was one of Intussusception of the Bowels. The patient was a young man aged 19, who had been employed as a steward on board a vessel.

He had indulged pretty freely in alcoholic stimulants after being discharged from his ship. At this time he was suddenly seized with violent pain, starting from the umbilicus and extending over the bowels, of a twisting, tearing character, accompanied by nausea and vomiting, and obstinate constipation. When I saw him these symptoms were present, while in addition his legs were drawn up, and he could not bear pressure on the bowels, as they were tender, although on placing my hand firmly on the abdomen it was more endurable.

He was very feverish, restless, and had a very anxious look on his face, the pulse being wiry; the vomit was greenish in colour.

I prescribed ice to be sucked, lime water and milk as diet, hot fomentations to the abdomen, and the medicines given were *bell.* 1x and *colocynth* 3. I continued this treatment for two days, and he was much worse, able to retain nothing on the stomach, and his screams were so loud as to be heard all over the street.

I now gave *opium* 1 every hour, being guided to the selection of this remedy by the symptom "screaming before or during the spasms," (Burt), and the only thing he could retain on the stomach was a little weak tea. On carefully examining the bowels I found them greatly distended just above where I supposed the obstruction to exist.

In the evening he was no better, but I still continued the same medicine. On seeing him next day I found the *opium* had given no relief, and I now thought of *lycopodium*, owing to the great distension of the bowels; the friends also informing me that the sheets were stained with a little blood, but no motion had passed. On visiting him in the evening he was getting worse, and I now prescribed *nux* to be given during the night, and determined on having a consultation next day, as he was apparently sinking.

I accordingly asked my friend Dr. Proctor to see him with me, which he kindly consented to do, but could not come till the evening. We both agreed as to the gravity of the case, and having in view the obstinate constipation and irritability of stomach, we determined to try *Plumb. acet.* 3 (trit.) one grain every two hours, and to give *cham.* occasionally, to try and soothe the patient's mind, as his anxiety was naturally very great.

When I saw him next day he was no better, but I encouraged him as much as possible, and directed the

medicine to be steadily persevered in. On seeing him in the evening, I was delighted to hear that after much pain he had passed a large bad smelling stool. Two or three hours before he passed the stool the friends informed me that he appeared to be much better; and then, after an accession of pain, he probably passed with this stool the gangrenous portion of the bowel. The symptoms hereupon began to decline, and the rest of the treatment was adapted to the state of the system, exhausted as it was by the suffering the patient had undergone. *Sulph.* and *china* completed the cure, and at the end of three weeks he was quite restored to health.

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STUDIES IN THE MATERIA MEDICA.

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III. APIS.

(*Apis Mellifica*, the Poison of the Honey-bee.)

THE action of *apis* upon the human body is extremely interesting and unique. Into the question whether animal poisons which produce certain marked effects when injected subcutaneously, will produce similar effects when swallowed, I have not space to enter. Suffice it to say, that the evidence is now clearly in favour of the affirmative view, as shown by recent allopathic investigations on serpent-poisons.

The tissues for which *apis* shows its elective affinity are, prominently, the skin and cellular tissue, and mucous membranes. The local effects of a bee-sting are thus well described by Dr. Hughes in his *Manual of Pharmacodynamics* (p. 110): "The part rapidly swells up, becomes more or less hot and red, with intense pain and considerable burning, tingling and itching. This is the simplest and most characteristic form of the pathogenetic influence of *apis*. It is an *acute œdema*, the cellular tissue being more affected than the skin." This acute œdematous inflammation is the key to the understanding of much of the action of *apis*.

The whole tract of mucous membrane, from the eyes to the anus, is irritated, though more decidedly in some

portions than in others. We find conjunctival redness, palpebral and meibomian irritation, with secretion; a dry nasal catarrh, produced by swelling of the schneiderian mucous membrane; severe inflammation of the tongue, with much swelling—in fact, glossitis; the buccal mucous membrane is inflamed, as also the fauces and pharynx, the swelling being prominent, and of the œdematous type. The larynx and trachea are very decidedly irritated, various grades being visible, from slight irritation causing hoarseness and dry cough at night, to severe œdema of the glottis, and laryngitis, with its accompanying dyspnoea and sense of suffocation. The stomach shows signs of irritation, characterised by pain, eructations, nausea, and vomiting. This latter is generally accompanied by colicky pains in the abdomen, severe watery or dysenteric stools, and rectal irritation. The mucous membrane of the bladder is very decidedly irritated, causing pain in micturition, and very frequent desire to pass water. The kidneys also show the effects upon them of *apis*; the urine has been observed to become very scanty, but generally it is the reverse, and profuse flow of this secretion occurs. Next, we find the skin show very decidedly the pathogenetic effects of *apis*. In the face, and in all parts of the body, erysipelatous redness occurs, with œdema, and a feeling of heat, tension and burning, or stinging. At other times, the skin develops an urticarious eruption, sometimes a papular one. The œdema causes an appearance of swelling in the face and extremities. *Apis* also shows a very marked affinity for the female sexual organs, chiefly the ovaries. In these we find pain and tenderness, with tendency to uterine hæmorrhage, downbearing pains, increase in frequency and amount of the menstrual discharge, and tendency to miscarriage in pregnant women.

Besides these states, *apis* causes a full, throbbing or dull pressive headache, chiefly in the forehead, with vertigo, and a general nervous restlessness and irritability, with very considerable prostration and sense of weakness and languor.

Apis, in many points, bears a close analogy to *belladonna*, *arsenic*, and *mercurius corrosivus*. To *belladonna*, in the headache, the eye symptoms, the nervous restlessness and irritability, the sore throat, the laryngeal irritation, the erysipelas of the skin, the kidney, bladder and ovarian irritation; to *arsenic*, in the general mucous membrane

irritation, with watery diarrhœa; and to *mercurius corrosivus*, in the tongue inflammation, and the dysenteric diarrhœa. But though *apis* to some extent resembles those medicines, its action as a whole is unique.

Having given this general sketch of the action of *apis*, let us now go over more minutely its pathogenesis.

Mind.—In the mental sphere, we find emotional disturbance and irritability of temper—almost a hysterical state. We find the person laughing at the least excitement, and even at misfortune; at another time crying about everything. A feeling of anxiety and distress, with fear of death was experienced several times, as was also a state of nervous irritability at trifles. Several persons speak of mental confusion, and inability to concentrate the thoughts upon any occupation. In the fatal cases, unconsciousness came on before death. Along with these symptoms, we must class several which Dr. Allen places under the head of "generalities." These are muscular twitches; starting during sleep; sensations of an electric shock going through the body; general restlessness through the day and in the evening, with sensitiveness of the skin to external impressions.

A very marked condition is a feeling of prostration, weakness, and lassitude, even to faintness, as after heavy exertion. This state is noted thirty-five times. Several times this feeling of lassitude is accompanied by a bruised feeling through the body, as after fatigue.

Closely allied to these symptoms are those of the

Head.—Besides the feeling of confusion in the head, headache and vertigo are prominent states. A peculiar sensation, as if the head were too large, is noted five times. The headache is often described as being relieved by pressing the hands tightly over the head; it is of a dull pressive character, or of a burning, throbbing nature, as if the head were too full of blood; and the pain is occasionally boring. The site of the headache is chiefly in the forehead, the temples, and over the eyes; sometimes it is one-sided, and occasionally in the vertex. Along with the headache, decided *vertigo* is frequently noted. These head symptoms are very prominent in the pathogenesis, and suggest *apis*, therapeutically, as a remedy in congestive headaches, especially when accompanied by nervous irritability of temper and feeling of prostration.

Eyes.—The action of *apis* on the eyes is of a very decided

character, and manifests itself in four different ways;—
(1) Oedematous swelling of the lids; (2) Irritation of the margins of the lids and blepharitis; (3) Conjunctivitis; and
(4) Over-sensitiveness to light, or photophobia. These various states are accompanied by pains of a pressing, or piercing, or burning character, in the eyeballs and superciliary ridges, and by lachrymation. The oedema is very marked in both lids; in one instance it is observed that these swellings entirely closed the eyes, and, in another, that the upper lids hung down like little sacs. They are red, as well as swelled. The irritation of the lids in several of the forms amounted to nothing more than to cause itching and stinging pains in the margins, with desire to rub the lids. In others there was, along with these symptoms, considerable meibomian discharge, causing agglutination in the morning, and actual soreness in the margins of the lids. The conjunctiva is also found inflamed in the case of some of the provers; thus we find “smarting and sensations of burning in the eyes, with bright redness of the conjunctiva; very sensitive to light.” Some of the provers speak of a sensation as if the eye were full of mucus, and one as if a foreign body was present. The lachrymation and photophobia go very much together. Not only are the eyes described by several of the provers to be sensitive to light, and to water when looking at a strong light, but they get easily tired when used, and cause desire to rest them, and disinclination to use them for any purpose. Two or three of the provers speak of dimness of sight, and sensations of whirling, with vertigo. These pathogenetic effects point out *apis* as a valuable medicine in general irritation of the eye, consisting of slight conjunctival redness, irritation and itching, or inflammation of the margins of the eyelids and lachrymation; especially if this state is accompanied, which it is likely to be, by sensitiveness to light, aching pains in the balls and lids, and disinclination to use the eyes for reading. This form of ophthalmia is frequently seen in scrofulous patients. The oedema of the lids of course points it out as a medicine in similar conditions, but this symptom is generally only part, and the earliest indication of disease of the kidneys and dropsy. Of this we shall have to say more afterwards.

Ears.—The symptoms here are trivial, and all pertain to the external parts.

Nose.—The symptoms appertaining to the external sur-

face come in more appropriately along with the *face*. But a dry form of catarrh of the lining membrane of the nose is observed by a number of the provers. A feeling of swelling of the mucous membrane, and obstruction occurs, with sneezing. Running catarrh is not observed. Once it is noted, "Now and then some dropping," and "moisture only when blowing the nose." Once blood came on blowing the nose. The prominent character, then, of the *apis* nasal irritation is that of a dry catarrh, with sensations of swelling and obstruction. Remedies, in dry nasal catarrh, are few and uncertain in their effects. *Apis* would be well worth a trial in this state.

Face.—In a few provers a preliminary stage of unusual paleness of the face is remarked, and this is generally accompanied by faintness. In the majority of provings the reverse state is noticed, and in a very marked degree, viz., redness of the whole face, including the nose, with very considerable swelling, heat, burning sensation, and œdema. The latter is particularly mentioned as visible in the nose, with redness. It is called in one case erysipelas. The burning is described as accompanied by feeling of fullness, as if the vessels were overloaded with blood; this is aggravated by stooping. The lips are red, swollen also, and cracked; this state ending in desquamation. The provings of this erysipelatous state of the face are very numerous and decided. In the face, then, we have the type of the *apis* inflammation. The skin and subjacent cellular tissue take on a marked erysipelatous condition, characterised by redness, swelling, and œdema, with burning, stinging pain. This, of course, points out *apis* as a leading remedy in erysipelas, especially in the form of it where œdema is present; and in such cases experience has amply proved its value.

Mouth.—The mouth symptoms are extremely interesting and important, from the production of well-marked glossitis. Passing by, with a simple notice, the pains in the teeth and gums, which seem connected with the headaches and flushed state of the face, we find the tongue presents symptoms produced by few other medicines. Very decided swelling of the organ results, although the bee-sting has been in some other part of the body. We have recorded, "swelling of the tongue, after a sting in the vertex; he could neither speak, nor move his tongue, nor swallow the least morsel;" "swelling of the tongue and

lips (after a sting on the temple)." Another case of this kind was mentioned by Dr. Bayes, at the British Homœopathic Society, where a sting in the arm was followed by decided swelling and inflammation in the tongue. Vesicles and papular elevations are seen to rise on the edge and tip. The sensations accompanying this inflammatory state are burning, stinging, prickling heat, burning rawness, extreme sensation of rawness and scalding, feeling as if burnt; the tongue is sometimes dry, but oftener, as in glossitis, associated with an accumulation of tough, viscid, soapy saliva in the mouth and fauces. The lining membrane of the buccal cavity also is seen to be red and raw-looking; it feels raw, dry, burning, and is tender to the touch.

No medicine in the Pharmacopœia, not excepting *mercurius*, produces such a close *simile* to glossitis. The therapeutic indication here is very clear, and suggests *apis* as the medicine in acute glossitis.

Throat.—We might anticipate that a medicine which so markedly inflames the tongue and buccal cavity, would also cause inflammation in the fauces. And so we find it in the case of *apis*, where throat symptoms are very decided and interesting. We find the glands of the throat swollen, accumulation of viscid mucus in the throat, compelling frequent hawkings; the throat feels dry, hot, and burning, the sensation is often that of rawness, with frequent inclination to clear the throat. One person records "sore throat, accompanied by a hoarse, hard, spasmodic, and somewhat hollow cough, caused by a sensation of filling up in the throat, as though he needed to raise something. Does not recollect, however, raising anything." This symptom is clearly produced by swelling and inflammation of the mucous membrane of the pharynx. We have also "sensation of fulness, constriction and suffocation in the throat," "throat felt constricted, and as if a foreign body were lodged in it; deglutition was painful," "sensation of constriction and erosion in the throat in the mornings, after fifteen minutes; increases to such a degree in eight hours that swallowing becomes difficult;" "an aching pressure, as if from a hard body, back in the upper part of the throat and fauces; continuing for some hours, occurred in two provings." "Roughness and sensitiveness of the pharynx," "difficult swallowing," "inability to swallow a single drop, with swelling of the tongue." "Not until some hours

after the sting, the throat swelled inwardly, then outwardly; voice grew hoarse; breathing and swallowing very difficult; difficulty of swallowing not caused by the swelling of the throat, but by the irritation of the epiglottis, for every drop of liquid put upon the tongue nearly suffocates him." "Small white spot about half-an-inch to the left of the glottis."

Except the latter statement, we miss much, in Dr. Allen's work, a description of the throat as seen on inspection. The symptoms evidently point to a considerable swelling of the whole mucous membrane of the fauces, probably of an œdematous character; and such is the form of sore throat which responds to *apis*. I cannot do better than quote what Dr. Hughes, in his *Pharmacodynamics*, says of this point: "There is a species of sore throat in which *apis* is specific. There is no very great redness or pain as with *belladonna*, nor is the parenchyma of the tonsils inflamed as when *baryta carbonica* is the remedy; but there is general œdema of the submucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate. When you look at the throat, it seems as if a bee had flown in and stung the patient there. If the numerous cases of angina cured by *apis*, which have been put on record be studied, they will be found to have been of this character. Such a sore throat is not uncommonly an extension of erysipelas, as the late Dr. Todd describes it in his *Clinical Lectures*. It is often, also, the beginning of œdema glottidis, in which *apis* is the great remedy. It proved curative of an instance of this affection, when the cause was drinking water from a kettle. Such cases are commonly fatal. There are two specific diseases in which the throat is often affected in the way of acute œdema, and to which *apis*, thus indicated, bears an important therapeutic relation. These are *diphtheria* and *scarlatina*. Facts are accumulating which point to *apis* as a prime remedy in the former disease. Drs. Baumann and V. Meyer, in Germany, Kallenbach in Holland, and Jahr, in France, concur to esteem it the best anti-diphtheritic we have, and my own experience points to it in the same direction. In the last case I had I found it remove everything but the coryza, which yielded to *kali bichromicum*. In *scarlatina* *apis* is obviously indicated for the anginose form, where there is more œdema than ulceration" (p. 111).

These admirable remarks on the therapeutic indications of *apis* in throat affections leave nothing further for me to add, except that when the throat is markedly so affected, along with inflammation of the tongue, *apis* is still more strongly indicated.

Stomach.—We find that *apis* causes marked irritation of the stomach. Loss of appetite is complained of; sometimes thirst is present, at other times it is absent, although dryness in the mouth is complained of. Eructations are frequently noted, sometimes tasting of the food, and once with waterbrash. Nausea alone, or followed by vomiting is observed by a number of the provers. When vomiting occurs, it is generally accompanied by diarrhoea. Pain in the stomach is frequently noted, generally of a burning character; at other times it is spoken of as a feeling of soreness, or of pressure in the pit of the stomach.

Therapeutically, as there are many medicines which are more indicated in irritation of the stomach, I should look upon the stomach indications more in conjunction with the other more important symptoms than as separate indications. Thus, if stomach irritation were present along with the tongue or throat symptoms, we should be confirmed in our choice of *apis* as a medicine; or again, if they co-existed with the diarrhoea, to be noticed immediately,—the two states being generally co-incident in the provings.

Abdomen.—The abdominal symptoms indicate the intestinal irritation which results in diarrhoea. They are noted by most of the provers, and consist of pains, oftenest described simply as "pain," accompanied by rumbling in the bowels, and a feeling as if diarrhoea were coming on. Sometimes the pain is spoken of as griping, or cutting, or contracting. Several provers note a feeling of soreness in the abdomen, aggravated by pressure. In this group are included abdominal pains, which occurred in women, and were really uterine symptoms. These I shall notice in their proper place. Before making any further remarks on the intestinal irritation, let us examine the symptoms of

Stool and Anus.—The prominent symptoms here, are severe and profuse diarrhoea, frequently, but not always in the morning. The stools are either watery and thin, or else of a dysenteric character; the provings showing the one form as frequently as the other. But with either form there is always great urging to stool, and passage of flatus. The stools are several times noted as foetid. As we

might expect, when so much urging occurs with stools often of a decidedly dysenteric character, there is great uneasiness and pain in the rectum. It is described as a sensation of rawness, or of heat, with throbbing; once as like an electric shock. Along with the diarrhoea, several provers note a state of weakness and prostration. In one case "the stools occurred with every motion of the body, as if the anus were constantly open."

Here we have evidently a very considerable amount of gastro-intestinal irritation, as shown by the stomach pain, the loss of appetite, the sickness and vomiting; the abdominal pain with rumbling, and feeling as if diarrhoea were imminent; the rectal irritation, with the profuse watery or dysenteric diarrhoea and prostration. And, therapeutically, *apis* stands as a medicine which will be of value in such cases, resembling in many points *arsenicum*, *veratrum*, and *mercurius corrosivus*. The occurrence of the diarrhoea in the morning, though not constant, is important to bear in mind as especially indicating *apis* in similar cases, and we find that experience corroborates the therapeutic importance of this symptom.

Urinary Organs.—On these organs, *apis* shows a very marked action. The kidneys are evidently irritated, as shown by the urine becoming in one case very scanty, while in several other provings the amount of the secretion is very greatly increased. Passing down from the kidneys, we find very marked evidence of irritation of the bladder. The observations on this point are very numerous. It is characterised by very frequent desire to micturate both day and night; in one case it is stated that the prover had to rise ten or twelve times during the night, besides having the same trouble through the day; and another records that he had to urinate every five minutes through the day. Along with this frequent desire, we find most of the provers complain of severe burning pain in the urethra, before, during, and after micturition. The urine is generally clear, but twice a brick-dust sediment is noted as occurring. In the case of one female prover the labia were so swelled as to obstruct the flow of urine. These symptoms, so very decided and unmistakable, afford important therapeutic indications.

1. As regards the kidneys. The marked power of *apis* to produce oedema in the face and other parts of the body, taken in conjunction with its evident irritant action on the

kidneys, point out this medicine as an important one in nephritis, acute or chronic, accompanied, as it is sooner or later, with dropsy. In acute nephritis, it will be of value in checking the progress of the disease, and in chronic Bright's disease, when the kidneys fail to secrete the proper amount of fluid, *apis* will relieve by producing, as we have seen in the provings, an increased flow of urine, and consequent relief of the œdema.

2. In cystitis, or in irritation of the bladder hardly amounting to cystitis, *apis* will be one of our most valuable drugs, closely resembling *cantharis*. It ought also, like *cantharis*, to be useful in gonorrhœa, to relieve the pain in micturition. The swelling of the labia recorded in one case is worth remembering as an indication for *apis* as a remedy in inflammation with œdema of the vulva.

Sexual Organs.—The symptoms here are extremely well-marked and important, chiefly in regard to the female sexual organs. In both male and female, increased sexual desire is noted. In the male, uneasy sensation in the spermatic cord is complained of, frequent erections occur, and well-marked orchitis resulted once. Medicines which have such a decided action on the ovaries, as we shall see *apis* to have, usually produce orchitis in the male, or at all events irritation of the testicle. The main action of *apis* on the female sexual organs is on the ovaries, causing irritation and pain, with tenderness in them, a tendency to uterine hæmorrhage, and miscarriage. The symptoms are so important, that I shall quote in full most of them. We find "hæmorrhage from the uterus, occurring in a lady who was always regular and healthy, coming on one week after the cessation of the usual menstrual period, and three days after taking the medicine." "She feels as she does in the beginning of pregnancy." "Bearing down pains in the uterus, as if menstruation were coming on, with aching and pressure in the hypogastrium." "Bearing down pains as in the early stages of parturition (in several cases)." "Pressure in the abdomen, in the back, and sacrum, as if the periods were coming on." This occurred in several cases. "The period flows two or three days, then stops one day, and returns, and so on for ten days (in two cases)." Then we have "metrorrhagia at the second month, with profuse flow of blood, heaviness of the abdomen, great uneasiness, restlessness, and yawning, followed by actual miscarriage." "Miscarriage at the third month." "Miscarriage

in the fourth month, with very copious hæmorrhage." Next we find the decided ovarian symptoms. "The numbness and dulness, beginning in the right abdominal region from the ovaries to the hip, now extends to the ribs, and down over the whole thigh; better when lying upon it." "When stretching in bed, a fine cutting pain on the left side of the abdomen, in the ovarian region, across to the right; first very faint, then stronger and stronger, increased at every repeated stretching; four or five times the same, then ceasing (evening, seventh day)." "Great increase of pain and tenderness in the ovarian region, in two cases; one of large induration, the other, in a supposed incipient stage of development." In another case, "in the region of the diseased right ovary, soreness, hardness, and burning heat." "Pain in right ovarian region during menstruation." "Drawings in the right ovarian region." "In the region of the left ovary, pain, as if strained, more when walking, evenings at 6 o'clock; after several hours, also, a bearing down on right side, and a lame feeling in the shoulder blades towards 11 o'clock, when walking, she is compelled to bend forward, on account of a contractive, painful sensation in the abdomen, still felt the following day, somewhat to the left." "Much flow of mucus from the uterus and vagina, with cessation of the internal burning in the abdomen." One symptom, not belonging to the ovaries, I here quote: "A deep, penetrating pain begins in the clitoris, and extends down into the vagina; the labia minora are swollen, and feel dry, hard, and covered with a crust; hindered passing urine at first all day, until it ceases, late in the evening, after the application of cold-water compresses."

These clearly marked and important pathogenetic symptoms, indicate *apis* as a medicine of value in (1) Ovarian irritation; (2) In hæmorrhage, dependent on chronic ovarian irritation; and (3) In threatened miscarriage, especially when the irritation is propagated from the ovaries: (4) As already observed, in inflammation of the labia.

Respiratory Apparatus.—The irritant action of *apis* here is confined entirely to the larynx and trachea. We find in the provings two degrees of irritant action; one of a mild form, producing only laryngeal irritation—feeling of tenderness over the larynx and trachea, with dry tickling cough, chiefly at night and on lying down, with more or

less hoarseness, The cough is relieved entirely for the time by the loosening of a small bit of mucus ; otherwise the cough is a dry one.

Thus we find it recorded, that there is "hoarseness and rough voice through the day and night;" "hoarseness, mornings, with dryness in the throat and no thirst, and drinking is of no use" (this latter shows that the dryness is laryngeal, and not pharyngeal); "at the same time soreness in the supra-sternal fossa, and sensitiveness to pressure likewise, in the region above both clavicles;" "irritation to cough in the supra-sternal fossa;" "severe cough, especially after lying down and sleeping; the tickling that causes it is in a little spot very distinctly deep down in the posterior wall of the windpipe (second day before midnight); would like something to reach it with and brush over it: his head aches while coughing; he must bend it back, and hold it so that the shock cannot act with such violence; as soon as the least bit of mucus loosens he is better." Symptoms similar to these are noted by different provers, all pointing to the same form of cough and irritation, viz., a dry cough, chiefly on lying down at night, relieved by getting rid of a small bit of mucus, with hoarseness, and soreness over the trachea. The second degree of larynx irritation produced by *apis* is much more severe. and amounts to actual laryngitis. "Sensation as of a rapid swelling of the lining membrane of the air-passages" is complained of; speaking becomes painful, the voice becomes rough and hoarse, there is intense *dyspnœa*. "It seemed impossible to breathe; had to fan him to keep him alive." This state is expressed by various provers in different terms, as of impending suffocation, urgent desire for air, feeling of necessity to tear off the collar and all neck coverings, difficulty of breathing, which is hurried and short, sensation of fulness, constriction or suffocation in the throat, with difficult, anxious breathing—worse in the horizontal position; laboured respiration, as in croup." Close rooms, and hot air, are insufferable.

Such a pathogenesis indicates in the clearest manner *apis* as one of the remedies which will be of great service, not only in the milder forms of laryngeal and tracheal irritation corresponding to the first degree, but, more important still, in acute laryngitis. The probability is that, judging from the effects of *apis* in other parts of

the body, the laryngitis is of the œdematous type; hence, in œdema glottidis, that rapidly fatal malady, *apis* is, perhaps, more indicated than any other medicine; and in acute laryngitis, generally, *apis* will be one of our chief remedies.

Chest.—The symptoms in this group consist only of pains through the chest walls, generally a feeling of soreness or bruisedness, as after a severe shaking or injury. This is evidently the result of the coughing and difficulty of breathing, and such pains are unimportant by themselves therapeutically.

Heart and Pulse.—I do not think there is any evidence of *apis* having any special action on this sphere. The heart and pulse sympathise with the general state otherwise produced by *apis*, but nothing further. Thus, in the stage of faintness, the pulse is noted as being feeble, and almost imperceptible, while in other cases, sympathetic with the before-mentioned pathogenetic effects, we find the pulse quickened considerably. In one case, a "sudden attack of acute pain just below the heart" is spoken of, "extending diagonally towards the right chest." This seems to be only a neurotic pain in the chest walls.

Neck and Back.—There is nothing of importance to notice here. The symptoms consist chiefly of pains resembling those of rheumatism in the shoulders, and extending up the muscles of the back of the neck. Some symptoms noted in this group belong properly to other sections.

The sections entitled "Upper Extremities," "Lower Extremities," and "Skin," ought to be all taken together, to save needless repetition, since the symptoms are entirely those appertaining to the skin and cellular tissue of the body in general, including the upper and lower extremities. The prominent features, and they are very well marked, are swelling, with œdema of the arms, hands, and feet, and occasionally of the whole body, with redness of the parts, and accompanied by burning and stinging pains, or violent itching irritation. When the itching is severe there is very frequently, besides the redness, an eruption of papules, and, still more frequently, an eruption of decided urticaria, or nettle-rash. The examples in the provings where these symptoms occur are very numerous. Repetition, however, of the various individual records is unnecessary. One curious symptom is recorded

of the fingers, "Very distinct sensation of numbness in the fingers, especially in their tips, about the roots of the nails, with a sensation as if the nails were very loose, and he could shake them off." This is probably due to the interference with the circulation produced by the swelling and inflammation of the skin. Therapeutically, the indications are clear. As before stated, when speaking of the face, *apis* will be one of our chief remedies in (1) erysipelas in any part of the body, when it is of the cedematous type; (2) in urticaria; (3) in any skin irritation, accompanied by burning itching; and (4) in general cedema dependent on kidney disease. The symptoms noticed under the head of "Generalities" have been already noticed in the earlier part of this paper, and consist chiefly of a state of nervous irritability and restlessness, with prostration.

Sleep and Dreams.—In this section we find what we should expect as co-existing with the various forms of tissue-irritation already described, viz., heaviness, and sleepiness in the evening, and restless sleeplessness at night, with uneasy dreams. Except as completing the pathogenetic picture, they seem useless by themselves therapeutically.

Fever.—In the provings, there is frequently noted a sense of chilliness, followed by heat, fever, and perspiration. In many of the instances of this, the fever seems sympathetic with the tissue irritation elsewhere. Excluding these, we find evidence of a feverish state which cannot be traced to sympathy with other parts. The chills, in some cases, came on periodically. Thus we find, "Chilly every afternoon at 3 o'clock; she shudders, worse in warmth; the chills run down the back; hands feel as if dead; feverishly hot after about an hour, with a hoarse cough; heat of the cheeks and hands, without thirst; ceases gradually, but she feels heavy and hot." The chill, in other observations, was noted as coming on in the evening. In some of the provings, the chills followed the heat, or alternated with it. Thus we have "Sudden chills, then heat and perspiration." "Shaking chills after thirty-six hours of heat." "Sensations of cold, without coldness of the skin, with ague." "Cold feet, with burning cheeks." "Cold feet, with burning toes." "Heat in the face, and chilliness, evenings." "Flushes of heat, mixed with chills." "Fever-heat increasing for thirty-six hours, then a violent shivering

chill, at 5 o'clock in the morning, during which she felt very cold herself, but not so to others." "Perspiration now and then, with headache and heat." "Dry skin, alternating with perspiration." These provings point out *apis* as a medicine likely to be of service in fevers affecting an irregular intermittent type, where the feverish state comes on at a particular hour in the afternoon or evening, where the fever is alternated or mixed with chills, with perspiration coming out irregularly. This therapeutic indication has been verified in America.

This concludes our investigation of the pathogenetic action of this very important medicine.

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TRANSFUSION.

By H. BELCHER, M.D.

It may be interesting to the readers of this Journal to learn that this highly valuable operation has been considerably simplified by Dr. Roussel, of Geneva. I had the pleasure of seeing him perform the operation at the Obstetrical Society a few evenings since, and I feel sure every medical man engaged in obstetric practice would at once procure one of his most ingenious and valuable instruments, could they only have seen with what perfect ease and safety it may be used. I well remember some eighteen years since being called on suddenly to perform this operation, and never shall I forget the anxiety I suffered on that occasion, lest I should in the hurry and confusion of things introduce air into the poor woman's veins with the blood. However, I am thankful to say she recovered. Again, the probability is that this instrument need not be entirely confined to obstetric practice, but may also be used in many cases of impoverished states of the blood from other causes, of which there are so many.

Now I will endeavour to explain the instrument, and its great advantages over all others that I have seen or read of. Imagine a wooden cup of the size and shape of the smallest cupping glass, with a short piece of elastic tube and ball attached, by which means the air is excluded or exhausted; after placing the cup over that portion of the vein most removed from the artery (the vein being same as that we

should select for ordinary bleeding), having prepared and tied up the arm in the usual way, we then, by means of another long piece of tube, one end of which terminating in a perforated end which is placed in a basin of warm water, and the other end diverging into two small vessels about the size of crow quills, so constructed that one may be inserted into the vein of the patient, the other serving to run off the warm water which, by means of pressure on the expanded portion of the tube, has filled the instrument completely, and thereby precluded the possibility of the smallest portion of air entering the patient's veins. When all is ready, by a slight jerk the lancet—which is fixed in the centre of the cup with a rebounding spring and regulator, so as to adjust its depth of penetration—is thrust into the vein; then, by continued alternate pressure, the warm water is passed through the instrument, followed immediately by the blood, at the approach of which to that portion of the tube which is intended to convey the blood to the patient, by a most ingenious contrivance, that outlet of the tube being now posterior to the blood, is shut, and a continuous stream is kept up between the two persons by means of the same pressure that removed the water from the instrument. I was much pleased when Dr. Roussel called our attention to the fact that some time after the operation the blood remaining in the instrument was not coagulated.

I may add that Dr. Roussel's instrument may be obtained from him at 23, Gloucester Place, Hyde Park; its cost being about £5 5s.

The following very striking case of cerebral anæmia, rapidly cured by transfusion performed by Dr. Roussel, has appeared in the *Lancet* (Jan. 6, 1877):—

“On the 22nd December, at 8 p.m., an interesting case of transfusion was performed at Bethlem Hospital by Dr. Roussel.

“The patient, T. F—, aged twenty, clerk, was admitted April 22nd, 1876, having been seven months ill at that date. There was no history of neurosis or intemperance; he is completely demented, stupid, lypemaniac, anæsthetic, cataleptic, and has no power over the sphincters. He refuses food, and is fed by the spoon forcibly. He does not speak, and does not respond to external impressions. There is persistent nystagmism, his mouth keeps half open and trembling; his saliva dribbles. His fingers are clenched over his thumbs, all the joints are half flexed. Pulse very feeble, 70; heart-sounds

feeble, with anæmic bruits ; respiration 24. His state is one of profound anæmia, which is further evidenced by the sphygmographic tracing ; all the organs appear healthy. He is tall, thin, pale, and shows a small beard.

"The case was considered by Dr. Rhys Williams as one in which transfusion seemed to be clearly indicated. In this opinion Dr. Bucknill concurred, stating that if any result, however slight, could be obtained in such a case, great hopes might be entertained. Besides Dr. Rhys Williams and Dr. Bucknill there were present Drs. Hack Tuke, Rayner, Schofield, Fancourt Barnes, and Mr. Wagstaffe. The blood was generously supplied by Mr. Cockell, a student of St. Thomas's Hospital.

"During the opening of the vein, a proceeding which was rather protracted, the vein being small as it commonly is in old cases of anæmia, the patient did not open his eyes ; moreover, as the blood passed slowly, Dr. Fancourt Barnes, who acted as assistant in the operation, helped it along the vein by pressing up towards the deltoid. As this was done at each pressure of the ball, the veins were seen to swell up with the transfused blood. It was not before the ball had been twice emptied that the patient showed some colour in the face, respiration became more marked and rapid, with a slight attempt at a cough. He received 200 grammes of blood without showing any bad symptoms ; he even gave evidence of being roused from his habitual torpor.

"Immediately after the operation he was placed in a warm bed, tea and brandy were administered to lessen the rigors, which Dr. Roussel expected to be more marked than usual in so anæmic a patient. At 5 p.m. the pulse was full, 90 ; respiration 28 ; answered to his name ; said, ' I want to sleep,' ' I have had enough of this ;' rubbed his face with his left hand, opened his eyes, and swallowed voluntarily. Dr. Rhys Williams and the attendants said it was the first time he had answered and swallowed. 10 p.m. : pulse 100 ; strong respiration, 30 ; profuse sweats, which came on after three stages of rigors. Next morning, pulse 96, resp. 28, gentle perspiration and moderate warmth. Passed a good stool, and the urine was perfectly clear. Ate and drank well, and often, throughout the day. At 4 p.m., pulse 90, resp. 28 ; spoke and answered slowly when spoken to ; said he had no pain. Lungs and other viscera healthy.

"The arm operated on shows no trace of swelling, redness, or pain, or of secondary bleeding from the wound. Dr. Roussel requested that he might be well fed, and repeatedly roused.

"Dec 26th.—Is very well ; pulse 86 ; resp. 28.—4 p.m. : Has eaten and drunk well ; urine normal ; speaks and answers slowly. Dr. Roussel wishes him to be got up to-morrow. Since

the operation he has been visited by Dr. Bucknill. Dr. Rhys Williams has resolved to have the transfusion repeated, the result being so encouraging. Dr. Roussel was anxious to do it, because he had operated at Vienna in a similar case in Dr. Leidesdorf's service, and the patient was cured almost at once. He thinks that in these cases the mania is intimately connected with anæmia of the brain and other organs."

Since the foregoing was sent to press, a note has appeared in the *Lancet* (Jan. 13) from Dr. Rhys Williams, stating that he is unable to endorse the statement that the result has been very encouraging. He adds "the patient is no worse; but the improvement, if any, is infinitesimal."

Brighton,

January, 1877.

REVIEWS.

Diseases of Modern Life. By BENJAMIN WARD RICHARDSON, M.D., M.A., F.R.S., &c. London: Macmillan & Co. 1876.

It is undoubtedly a great art to be able to write a book or deliver a lecture on any subject which shall have the appearance of containing a great amount of original thought and discovery, but which, on closer examination, is of little value. Dr. Richardson possesses this faculty in an uncommon degree. Everything he announces in science is delivered with such an air of authority, and such an appearance of philosophy, that the public, professional as well as lay, take it all in as gospel, and applaud him as a leader in science, and as one whose dictum is equivalent to law. But when we come to analyse the result of all his labours, we find that there is hardly one of his practical suggestions which has had more than its little day of existence; that there is scarcely one of his experimental investigations, careful and elaborate as they are, which is of the least practical value; and that, of his published books, the kernel of really valuable matter is small indeed in proportion to the eloquent padding in which it is enclosed. His latest work, which we are now considering, is no exception to this peculiarity. It consists of 500 pages, and we are told in the preface that the book "is avowedly written for the study of the intelligent public, as well as for medical men;" but we doubt if there is anything of any importance here written which is not already well known, or ought to be, by every medical man, while we have grave doubts as to the beneficial effect upon the mind of the majority of the intelligent public who may read it. It is well known that the result of the perusal of a medical book upon the mind of a lay-reader is by

no means beneficial. If he is at all of a nervous temperament, or fancies he is not well, he is apt to imagine himself to be the subject of some dangerous or fatal malady; and, in allowing this to prey on his mind, he really makes himself an invalid, and unfits himself for going through his daily duties with comfort to himself and to his friends. If he is really ill of some serious malady, and he finds from some medical book that his complaint is the earliest of a series of greater evils, his mind is apt to get into such a morbid state as to induce a state of hypochondriasis in addition to his actual complaint. Nothing is more likely to bring in a number of such patients to a doctor's consulting-room than the perusal of medical books which are "avowedly written for the study of the intelligent public." We should be the last to insinuate that such a result ever entered the mind of our author, but that such is a very probable effect of Dr. Richardson's work we feel bound to assert. It is all very well to warn the public against any excesses, physical or moral, in a general way, but when minutiae are detailed, as Dr. Richardson has done, in what we cannot describe as otherwise than a sensational manner, the effect is the reverse of beneficial on the public mind, and we highly disapprove of such works being written for the public.

The first part of the book is in a manner introductory. It contains next to nothing which every medical man is not aware of, and a good deal which the lay public does not require to know, and is much better not to be told. The first chapter is entitled "Natural Life and Natural Death—Euthanasia," and from it we quote the first few sentences. "By the strict law of nature, a man should die as unconscious of his death as of his birth. Subjected at birth to what would be in the after conscious state, an ordeal to which the most cruel of deaths were not possibly more severe, he sleeps through the process, and only upon the subsequent awakening feels the impressions, painful or pleasant, of the world into which he is delivered. In this instance the perfect law is fulfilled, because the carrying of it out is retained by Nature herself; human free-will, and the caprice that springs from it, have no influence. By the hand of Nature death were equally a painless portion. The cycle of life completed, the living being sleeps into death, when Nature has her way. This purely painless process, this descent by oblivious trance into oblivion, this natural physical death, is the true Euthanasia; and it is the duty of those we call physicians to secure for man such good health as shall bear him in activity and happiness onwards in his course to this goal. For Euthanasia, though it be open to every one born of every race, is not to be had by any save through obedience to those laws which it is the mission of the physician to learn, to teach, and to enforce.

Euthanasia is the sequel to health, the happy death engrafted on the perfect life. When the physician has taught the world how this benign process of Nature may be secured, and the world has accepted the lesson, death itself will be practically banished; it will be divested equally of fear, of sorrow, of suffering. It will come as a sleep. If you ask me what proof there is of the possibility of such a consummation, I point to our knowledge of the natural phenomena of one form of dissolution revealed to us, even now, in imperfect, though exceptional illustration. We have all seen Nature, in rare instances, vindicating herself, despite the social opposition to her, and showing how tenderly, how soothingly, how like a mother with her foot on the cradle, she would, if she were permitted, rock us all gently out of the world, How, if the free-will with which she has armed us were brought into accord with her designs, she would give us the riches, the beauties, the wonders of the universe for our portion, so long as we could receive and enjoy them; and at last would gently withdraw us from them, sense by sense, with such imperception that the pain of the withdrawal would be unfelt and indeed unknown," &c.

This is beautiful clap-trap. We were under the impression that death was part of the curse imposed on man for Adam's sin; and we see small chance of this Euthanasia while we find, as we proceed, that Dr. Richardson tells us that every one, be he commercial, professional, dilettante, ardent sportsman, or idler, is sowing for himself, by virtue of his occupation or his non-occupation, seeds of distressing and fatal disease.

After the second chapter, on "The Phenomena of Disease—its Classification and Distribution," we have a chapter on "Disease Antecedent to Birth." The minutiae here given are not such as the "intelligent public" ought or require to know, and which every medical man is perfectly aware of. Next come the "Phenomena of Disease from Causes External and Uncontrollable," such as the effect of the seasons on life and on disease, in which we find elaborate statistics to show that certain diseases, such as bronchitis, are more prevalent in certain months than in others, as if even the "intelligent public" required to be informed of this; the effects of electrified air or ozone, of atmospheric temperature and pressure, of moisture, winds and chemical changes, of lightning-stroke, and of sun-stroke.

After this, we have the "Phenomena of Disease from Causes External and Communicable." To this chapter our former remarks equally apply; while, in regard to Chapter VII., "The Phenomena of Disease incidental to Old Age and Natural Decay," in which there is, as before, nothing new to the medical man, we should strongly advise any one who is approaching old age, and has any regard for his peace of mind, not to read it. Here is

something fitted to make any old man's hair stand on end :—" I have learned " (pp. 103, 104) " that the gradual transformation of the vital organs of the body, from the advance of age, is due to a change in the colloidal matter which forms the organic basis of all the living tissues. In its active state this substance is combined with water, by which its activity and flexibility is maintained in whatever organ it is present—brain, nerve, muscle, eyeball, cartilage, membrane. In course of time this combination is lessened, whereupon the vital tissues become thickened, or, to use the technical term, 'pectous.' By attraction of cohesion the organic particles are welded more closely together, until, at length, the nervous matter loses its mobility, and the physical inertia is complete."

The old man is next treated to the minute details of failure of the heart's action ; next, to the manner in which " separation of the parts of the blood " is effected ; he is then told of his liability to " vascular congestion " in its various forms, and, finally, cheered by the prospect of failure of his digestive powers.

The second part opens with an account of " Diseases from Worry and Mental Strain." This and the following chapter on " Disease from Physical Strain " are the best parts of the work. Though containing nothing that is new to the medical man, they are fresh and interesting to read, but for the " intelligent public " they are most alarming, especially the chapter on worry and mental strain. It is all very proper and right to warn a patient who is evidently subjecting himself to mental strain, that it is time for him to desist, or health will suffer, but it is quite another thing to give a layman these chapters to read. Where a man is undergoing worry or mental strain, it is only adding fuel to the fire to let him read all the alarming details here given. If there is one thing more likely than another to put the finishing stroke to the condition of mind of such a man, it is to give him such a picture as Dr. Richardson draws of his probable future. He is enlivened by hearing of " broken heart " from mental strain ; of all the symptoms of failure of the heart's action ; of his chance of suffering from *angina pectoris*, from melancholy, of finishing up by suicide, or ending in dementia. Chapter II. concludes as follows : " From the stage here recorded towards dementia the transition downwards is most easy, and in many instances only too rapid. Temporary recoveries are not rare, but I fear I must say that the commonest course is towards further evil. One man becomes an epileptic ; another falls into paralysis ; a third suffers from some special nervous failure in some vital organ, and dies from local disease, of the lung, the liver, or the kidney ; a fourth develops some hereditary malady, such as cancer. The majority, escaping

these special evils, fall prematurely old and grey, and looking to friends for support, sink helplessly into death." But this is not all; for in Chapter III. our "intelligent public" reader finds that he may become paralysed, of which we have all the particulars; or he may become the subject of diabetes; or that hysteria may develop itself; while to illustrate the manner in which the latter disease is produced, we have a full page diagram of the sympathetic nervous system. The chapter on disease from physical strain is one of the few in the book which we might, with advantage, recommend the public to read. Those who indulge in excessive physical exertion are generally in robust health, at least to begin with, and as they believe that it is a good thing to be "muscular Christians," and that they cannot exercise too much in athletic sports, it is quite proper to frighten them thoroughly with an account of the diseases to which they are rendering themselves liable. In such men nothing short of this will deter from extra physical strain. The young men of the present day have much need to be well frightened in regard to the "muscular" tendency of the period. How often do we find strong, healthy young men start on a pedestrian tour, and think it is the "correct thing" to walk thirty miles a day at least, and how often do we see such youths come back from their tour looking thin, pale, and worn, having actually lost health, instead of gaining it. We should be glad to see this chapter published separately, and largely circulated among the rising generation.

The chapter on "Disease from the Influence of the Passions" will, to the general reader, be interesting, and possibly beneficial.

The next three chapters are upon "Alcohol, and the Diseases engendered by it." This is perhaps the most sensational portion of the whole book. We are as strongly of opinion as is Dr. Richardson, that when a man is in health he not only does not need a daily allowance of alcoholic stimulant but is far better without it. But in endeavouring to impress the public with this belief, it is a great mistake, and one that is fallen into by many teetotal enthusiasts, to state the case in an extreme and sensational way. It only weakens the force of the argument to do so. That alcohol in certain cases is of extreme value, that it often materially assists a cure, and even sometimes is the principal medicine, is what every practical physician knows; although at the same time it is generally allowed that it is frequently prescribed when there is not the least necessity for it. But from Dr. Richardson's chapters on this subject, one would suppose that alcohol is an almost unmitigated evil. The only passage we can find in which he admits alcohol to have any beneficial effect whatever is as follows: "It will be said that

alcohol cheers the weary, and that to take a little wine for the stomach's sake is one of those lessons that comes from the deep recesses of human nature. I am not so obstinate as to deny this argument. There are times in the life of man when the heart is oppressed, when the resistance to its motion is excessive, and when blood flows languidly to the centres of life, nervous and muscular. In these moments alcohol cheers. It lets loose the heart from its oppression; it lets flow a brisker current of blood into the failing organs; it aids nutritive changes, and altogether is of temporary service to man. So far alcohol may be good, and if its use could be limited to this one action, this one purpose, it would be amongst the most excellent of the gifts of science to mankind," (p. 233). And yet on p. 232, immediately before the above quoted passage, Dr. Richardson tells us that alcohol "weakens, and, as a necessary consequence, degrades both the heart and the body. Speaking honestly, I cannot, by any argument yet presented to me, admit the alcohols by any sign that should distinguish them from other chemical substances of the paralysing narcotic class." He then goes on to say that the stimulation of alcohol is in reality "a relaxation, a partial paralysis." Here, and all through this article, except in the short passage just quoted, Dr. Richardson confuses the gentle medicinal stimulation, which he admits is beneficial in some cases, with over-stimulation, which of course results in the reaction of paralysis. In describing the effects of the *use* of alcohol he is all through describing the effects of the *abuse* of it, the result being that a most sensational account is given of the effects of alcohol, from which, if we are to take it as Dr. Richardson states the case, it follows, that every man or woman who takes a daily glass of wine or beer is laying the seeds of a long array of dreadful and fatal maladies. In fact, in endeavouring to state precisely the evils arising from the abuse of alcohol, our author spoils the force of his remarks by over-stating the case, and keeping entirely in the background the beneficial effects of the moderate use of alcohol. Towards the close of this chapter (p. 235) he says, "The true place of alcohol is clear; it is an agreeable temporary shroud. The savage, with the mansions of his soul unfurnished, buries his restless energy under its shadow. The civilised man, overburdened with mental labour, or with engrossing care, seeks the same shade; but it is shade after all, in which, in exact proportion as he seeks it, the seeker retires from perfect natural life. To search for force in alcohol is, to my mind, equivalent to the act of seeking for the sun in subterranean gloom until all is night."

We think that the term "sensational," when applied to this sort of writing, is a mild way of putting it. Then follow the list

of alcoholic diseases :—Alcoholic dyspepsia, sensory disturbances, such as noises in the head, and *musca volitantes*; vascular changes in the skin, such as red nose and face; profuse perspiration, and eczematous rashes; alcoholic thirst, in speaking of which Dr. R. asserts that man in health only requires a pint of fluid per diem—a statement which we beg to dispute. Then come symptoms of systemic failure, fatty heart, atheromatous diseases of the vessels, and aneurism, phthisis, pleurisy, disease of the liver, diabetes, Bright's disease, calculus, cataract, insomnia, various nervous diseases, epilepsy, paralysis, dipsomania, delirium tremens, and hereditary transmission of alcoholic disease.

After this account of alcohol and its effects come three chapters on "Disease from Tobacco." Dr. Richardson first gives an account of some experiments of his own on the composition of tobacco smoke, and of the physiological action of each of its constituents, that is, of the effects of overdoses of each. We, however, object to the conclusions drawn from his mode of experimenting. He says: "To ascertain what the active parts of it (tobacco-smoke) are, I constructed a small pair of bellows, which would act like the lungs when a man is smoking a lighted pipe or cigar. Part of the smoke produced by the combustion was allowed to escape from the lighted end of the cigar or pipe in the ordinary way, the remaining part was drawn into the bellows as it would be into the lungs, and thus obtained it was submitted to examination." Now Dr. Richardson here assumes, what is in the majority of smokers quite incorrect, but which nevertheless our author assumes all through, viz., that the smoke is drawn into the lungs. Now it is not so. It is only drawn into the mouth, and then allowed to escape. He also assumes that the bitter extract is swallowed, which no smoker is ever foolish enough to allow. The enumeration of the constituents of the smoke with the account of the effects of each in man or the lower animals would lead us to suppose that tobacco-smoking must be a most deadly habit. But as we go on we find that Dr. Richardson admits that any disturbance it produces is only functional, and that such effects soon wear off, and that it produces no organic mischief. We then have an account of the effects of tobacco-smoking, which should read as tobacco-smoking in excess. No one denies that smoking to excess, like the abuse of any other stimulant, will produce disorders of the system, dyspepsia, constipation, sore throat, and nervous disorders, with general debility. But such is not the result of moderate smoking, as all moderate smokers can testify. And Dr. Richardson admits that "in persons who, from necessity or ignorance, subject themselves to an unnatural degree of muscular exercise, and who make, as a consequence,

extreme demands for labour on the pulsating organ, which knows no rest, in such, I believe, the effect of a pipe daily (I do not mean of many pipes) is to put a curb on the extra excitement, to prevent over-action, and to arrest the excessive development of the heart" (p. 802), although in over-doses considerable functional heart disturbance is produced. Again, in pp. 816, 817, we find the following interesting passage: "In respect to the influence of smoking on the mental faculties, there need, I believe, be no obscurity. When mental labour is being commenced, indulgence in a pipe produces in most persons a heavy, dull condition, which impairs the processes of digestion and assimilation, and suspends more or less that motion of the tissues which constitutes vital activity. But if mental labour be continued for a long time, until exhaustion be felt, then the resort to a pipe gives to some *habitues* a feeling of relief; it soothes, it is said, and gives new impetus to thought. This is the practical experience of all smokers, but few men become so habituated to the pipe as to commence well a day of physical or mental work on tobacco. Many try, but it almost invariably obtains that they go through their labours with much less alacrity than other men who are not so addicted. The majority of smokers feel that after a day's labour, a pipe, supposing always that the indulgence of it is moderately carried out, produces temporary relief from exhaustion. Further, in some persons of great energy and industry, exertion, both mental and bodily, is often followed up so intensely that, owing to the actual severity of the effort to which they have subjected themselves, they cannot afterwards sleep. They are excited, and are too tired for rest; their mind is chaotic, and revolves rapidly over passing events, retaining nothing long, and dissatisfied with all. In this condition there can be no doubt that a pipe sometimes produces a soothing effect, causing mental rest, partial oblivion of the past, and a tendency to that natural sleep which 'knits up the ravelled sleeve of care.' It is not, however, necessary, in accepting this argument, to accept tobacco as a requirement of the natural life. The excessive labours to which I have referred are altogether contrary to natural laws; for in this day we have run into the extreme of industry, and have carried on competition to the extent of folly. While, therefore, it would be implied that even to the natural man such adventitious aids as tobacco are unnecessary, it may be admitted that our social exigencies override our philosophies; and that, as the individual man cannot by himself create a social revolution, he may be pardoned if he is too often led to bend lowly to custom, and seek, in the unnatural conditions in which he is placed, unnatural, or perhaps, under the circumstances, I might almost say, natural remedies. For the most natural remedies are, in truth, unnatural measures,

since they imply, in the necessity that calls for them, a primitive departure from nature."

Dr. Richardson, in speaking of the diseases which are attributed to the habit of smoking by anti-tobacco enthusiasts, is exceedingly candid and honest in stating the results of his observations. We think he is wrong in saying that smoking develops excessive salivary secretion; but this we pass by. He believes smoking has no bad effect upon the teeth—rather the reverse; he denies that it can be ever credited with causing cancer, or bronchitis, or consumption, although he would not advise patients affected with these complaints to smoke. We here agree with him, except in the case of chronic asthmatic bronchitis or emphysema. Very frequently have we noted that patients labouring under these affections experience great relief to their breathing by an occasional pipe. Neither does he think that apoplexy has any necessary connection with smoking. Such being Dr. Richardson's views, and keeping in view his statements that smoking does not produce organic disease, and those passages we have quoted in which he admits its occasional beneficial effect, we are rather surprised to find the subject concluded thus (p. 328): "On the ground of the functional disturbances to which smoking gives rise in those who indulge in it, an argument may be used which cuts sharply because it goes right home. Put down the smokers of Great Britain at a million in number—they are more than that, but let it pass. Why should there exist, perpetually, a million of Englishman, not one of whom can at any moment be writ down as in perfect health from day to day? Why should a million of men be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxidised? In a purely philosophical point of view, the question admits of but one answer, viz.: that the existence of such a million of imperfectly working living organisms is a national absurdity."

Here we have a complete confusion between the effects of moderate and of over-smoking, and consequently a pure begging of the question. We deny the premises, and thereupon the conclusion expressed in this clap-trap manner. We need only witness the Germans, who are far heavier smokers than Englishmen are, and enquire whether they are a living national absurdity, and a nation of "imperfectly working living organisms."

The next chapters on "Disease from the habitual use of Opium, Chloral, Chloroform, Chlorodyne, and Absinthe," are valuable and much needed for the information of the public. The habitual use of such drugs demands nothing but strong condemnation.

Chapter xiv. deals with disease from foods. There is in it nothing new to the medical reader, and little of practical importance to the "intelligent public." As another example,

however, of Dr. Richardson's extreme way of stating matters, he, in speaking of tea and coffee, gives no hint of their being ever beneficial. In fact, one would suppose that, like alcohol, they were unmitigated evils. After describing the effects of excessive tea-consumption, we find the following: "The symptoms from which habitual tea-drinkers suffer are identical in character, but minor in degree" (p. 864), and again, "Coffee, like tea, induces dyspepsia, and perhaps with even more activity than tea; it keeps the brain awake when that wearied organ ought, according to nature, to be asleep. It is, nevertheless, a better beverage than tea, for the simple reason that it is not an astringent, does not, like tea, suppress the secretion of the kidney, and does not lead to mental depression and nervous irritability" (p. 864). Those who use tea as a daily beverage, and know its beneficial effects, will not give much for the account of the bad effects which Dr. Richardson describes, when they find such an extreme and one-sided statement.

The chapter on "Disease from Impurity of Air" will be read with interest and profit by the general public.

In chapter xvi., on "Disease incident to some Occupations," Dr. Richardson endeavours to show that whatever occupation a man has, be he a commercial man, a professional man, a follower of one or other of the artistic walks of life, a sportsman, or an idler, he is laying the foundation of some distressing and fatal disease. We think this chapter had better not be read by the "intelligent public," if they wish to avoid falling into a state of nervous fear of their health, and consequent mental depression.

Something similar may be said of the chapter on "Disease from Imitation and Moral Contagion." Read by those persons who are liable to this form of disease, nothing is more likely to develop it; while the general public do not need to know the particulars here detailed. So also of "Automatic Diseases and Hypochondriasis." The chapter on "Diseases from Errors of Dress," on the other hand, is good, and worthy of study by the public.

In concluding this rather lengthy notice of Dr. Richardson's work, we are bound to give it as our opinion that, while a few chapters may be read with profit by the general reader, the greater part of the book had much better be kept out of his or her hands. If we wished to get a supply of nervous and hypochondriacal patients, we could not do better than widely circulate the work we have been reviewing.

Homœopathy and other Modern Systems Contrasted with Allopathy. Also a Treatise on Diets and Digestion. By JOSEPH HANDS, M.R.C.S., &c. London: Leath & Ross, 1876.

THIS volume consists of a series of essays upon what are commonly regarded as medical heresies! Homœopathy, Hydro-

pathy, Electricity, Electro-Magnetism, Mesmerism, Kinesipathy, all are descanted upon by one who is evidently an ardent believer in the virtues of the curative power to be derived from each. The one thing against which Mr. Hands inveighs with abundant vigour is Drug-medication as it used to be—and indeed in some instances still is—practised by allopaths. Much information is afforded on each topic, which, though in not a little amenable to criticism, is conveyed in so earnest and eminently readable a manner that it cannot fail to interest.

The article on Vaccination is well worthy of the attention of those who deny the protective power thereof, against that terrible pestilence, small-pox.

EXTRACTS FROM MEDICAL LITERATURE.

ACUTE TONSILLITIS DEPENDENT ON ATMOSPHERIC FUNGI.—Staff-Surgeon Henry F. Norbury, R.N., of H.M.S. *Juno*, has contributed a paper on this subject to the last official Report on the Health of the Navy. Having frequently examined microscopically the air of the ship when she was in and on the other side of the Suez Canal, Mr. Norbury observed the presence of very numerous globose spores of fungi. These spores corresponded exactly with many found on yellowish-white elevations that appeared on the tonsils of twelve men suffering at the time from all ordinary symptoms of acute tonsillitis. These globose spores were of well-defined contour, varying in size from 1-1200th to 1-2000th of an inch in diameter, some of the larger possessing a yellowish tint. The filaments, whether of the fructification or mycelium, were simple, cylindrical, extremely slender, and colourless. The patients in question slept in different parts of the ship, and had no particular communication with each other on duty or otherwise, and hence it is remarked that they could not have contracted the disease from each other. The writer makes the following suggestions:—"Whether the spores, having previously alighted on the food, came into contact with the tonsils during deglutition I am unable to state; but as, after a hard day's work in the tropics, men usually sleep heavily, and often with their mouths wide open, the affection was probably caused by prolonged inhalation of the spores, which found a suitable soil on the moistest part of the oral cavity, the tissue of which was perhaps also relaxed by smoking, or otherwise temporarily impaired. No similar case of tonsillitis was seen prior to the appearance of spores in the air."—*Lancet*, Jan. 18.

PHOSPHORUS IN LEUCOCYTHEMIA.—The value of phosphorus in the treatment of this obscure disease having recently been sug-

gested by Drs. Broadbent and Wilson Fox, was the subject of considerable discussion at a recent meeting of the Clinical Society. Commenting upon the debate, the *Lancet* writes as follows :—"Dr. Broadbent related with great clearness the views which had led him first to employ phosphorus. As is well known, phosphorus, in poisonous doses, produces fatty degeneration of the tissues, especially the glandular secreting cells and muscular and nervous tissues; and in smaller continued doses its action may possibly be analogous. Again, phosphorus has a close relation with arsenic in its chemical affinities, and arsenic is well known to have a very powerful medicinal effect in promoting tissue-change, and is employed for that purpose in many diseases. Struck with these facts, Dr. Broadbent thought that phosphorus should act beneficially in leucocythæmia, in which there appears to be excessive and, if we may use the word, cacoplastic action in blood-formation. So far we may agree with Dr. Broadbent, and the value of his iatro-chemical speculation may be allowed as an hypothesis, but nothing more. But an hypothesis is a good servant, but a bad master. One doubtful case could be of no value as a proof, either of the accuracy of the theory, or the value of the remedy; nor could any really scientific decision be arrived at until a trial of the drug had been made in a number of cases under different conditions, and all possible sources of error eliminated. This, until recently, has not been done, and it is only now that we are enabled to judge of the value of the treatment. We might, indeed, contest the original hypothesis on *a priori* grounds, both chemical and pathological. So far as the chemical basis is concerned, fascinating as it looks in theory, it will scarcely be found to hold water. Similar considerations would apply with even more force to antimony, which has a far closer affinity with arsenic, both in its chemical relations and its physiological and toxic action, than phosphorus possesses. Again, the importance of the entrance of phosphorus into the blood as such, on which Dr. Broadbent lays such stress, would lead to the view that its action must be very different from that of arsenic, which, introduced in almost any form of combination, exerts similar effects. Nor do we believe it to be probable that phosphorus could enter the blood uncombined. But another element of uncertainty, which should have led to a more rigorous investigation, exists in the great doubt as to the true pathological nature and relation of splenic leucocythæmia, and even, as the discussion has shown, as to what cases are to be classed as such. As Dr. Moxon justly urged, Dr. Wilson Fox's case would not be regarded as a typical case by many, and even Dr. Broadbent's case was one admitting an element of doubt."

RESULTS OF COLD-BATH TREATMENT OF TYPHOID.—M. Féréol

has given a valuable *résumé* of the results of cold-bath treatment of typhoid at the Maison Municipale de Santé at Paris. He states that he was driven to the use of cold baths by the severe mortality of 27 per cent. of cases of typhoid under his care, treated by ordinary methods, in the year 1873. M. Féréol considers as indications for cold-bath treatment, at first, hyperpyrexia, with the concurrence of grave general signs; then ataxic phenomena, continuous delirium, convulsive movements, carphology, etc.; finally, extreme frequency of pulse. He does not regard hæmorrhages as a formal contra-indication.

As to adynamia, pulmonary congestions, and the specially thoracic forms of typhoid, he is determined not to allow them to deter him from the use of this method. In the years '74, '75, '76, M. Féréol has had 153 patients suffering from typhoid. The mortality was 29—*i.e.*, 18·95 per cent.—as compared with 27 in 1873, when the cold-bath treatment was not adopted. It is obvious that, to form a proper estimate of the use of cold baths, only severe cases must be compared. By a further analysis, M. Féréol shows that of 38 severe cases treated by bathing, 26 recovered and 12 died—*i.e.*, there was a mortality of 31·6 per cent. whilst ten died out of twenty-four serious cases treated by ordinary methods—*i.e.*, there was a mortality of 41·66 per cent. M. Féréol anticipates an objection which might be made that he could not be sure that all his cold-bath patients would not have recovered if treated by any other method. He has never prescribed cold baths except where he had reason to fear that cold affusions would be insufficient, and where there was an assemblage of grave symptoms, but he makes no pretence to an absolute prognosis. M. Féréol discusses in detail the limitations which have been put on this method of treatment—first with regard to hæmoptysis. One patient who was not subjected to cold baths had hæmoptysis, and two had commenced to spit blood before being so subjected. MM. Labbé and Raynauld state that in the present epidemic they have observed this complication in several patients not treated by cold baths. The two patients who had previously spat blood, and who, notwithstanding, were subjected to cold baths, succumbed to broncho-pneumonia and asphyxial coma. One of them after a single bath (at 82·5° Fahr.) had an immediate recurrence of hæmoptysis. These two patients would undoubtedly have succumbed if the baths had not been given. On the other hand, two patients who had hæmoptysis in the course of cold-bath treatment recovered. In these cases M. Féréol is convinced that the baths had no influence in determining the hæmoptysis, because they had been discontinued five days before the blood-spitting appeared. M. Féréol considered the hæmoptysis in one of these cases as beneficial rather than otherwise; and, in the

other case, though abundant and persistent, he did not look upon it as of grave import. To sum up—there were seven cases of hæmoptysis, of whom five recovered, and two died. One patient had hæmoptysis, and was not treated by cold baths; he recovered. Of the six others, four recovered, two died (but they had both spat blood before the baths were given). With regard to other pulmonary complications, many bad cases of broncho-pneumonia recovered. In a tuberculous patient, who was also the subject of alcoholism, and who was exceedingly delirious, M. Féréol resorted to cold baths with the best result as regards the delirium, and without any obvious evil influence on the tuberculosis. As to late epistaxis, one patient so suffering recovered under cold-bath treatment; the other case (in whom the epistaxis was very severe, and had commenced before the baths were tried) was fatal. With regard to intestinal hæmorrhages, there were two recoveries and one death amongst those treated by cold baths. M. Féréol had not a single case of perforation amongst his "cold-bath patients." This complication caused death in three patients treated by other methods. It would appear that cold-bath treatment was attended with little benefit in cases where there was great frequency of the pulse. M. Féréol, after a conscientious examination, is unable to recall a single case in which the fatal issue could be attributed without doubt to the cold-bath treatment.—*Medical Times and Gazette*, Jan. 6, 1877.

PREVENTION OF PITTING IN CASES OF SMALL POX.—Dr. Cooper writing in the *British Medical Journal* says:—"I have used many applications to prevent pitting in cases of small-pox, but none from which I have derived such manifest good results as from common linseed-meal poultices assiduously applied to the face from the moment the eruption shows itself until the fever begins to decline. Among the many advantages that the poultice possesses over other applications, is the by no means unimportant one of softening and determining to the skin, and thus aiding the development of the pustules, and in this way relieving the system of the strain placed upon it. Anyone who has seen much of small-pox must have learned to look with anxiety for the appearance of well thrown up pustules on the face, knowing well the likelihood of a coincident relief to respiration and decline of temperature. This the poultices hasten, I had almost said effect; while, more than this, they exclude the light and completely prevent subsequent pitting. My mode of proceeding has always been to have a saucepan with linseed meal and water on the fire in the bedroom, and, so soon as the poultices dry on the patient's face—and this, in really severe cases, they do very speedily—I direct the attendant to take some of the linseed-meal paste from the saucepan and apply it as a fresh poultice. In this way the poultice is always ready. It may be said that this application

would be offensive; but let any one try it in a really serious case of commencing confluent small-pox, where the skin of the face burns with the deterioration of blood caused by the effort to throw out the eruption, and I am sure that, however disagreeable it may appear in description, in practice it gives almost heavenly relief. I do not question the advisability of bathing the face with a carbolic acid wash between each poultice; but, contrasted with the poultice application, I doubt if carbolic acid alone would be equally satisfactory."

NOTABILIA.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

ON January 11th, Dr. RICHARD HUGHES commenced a series of lectures on *The Sources of the Homœopathic Materia Medica*, and continued them on the 18th and 25th.

LECTURE I. Jan. 11.

The first lecture was devoted to Hahnemann's *Fragmenta de viribus medicamentorum positivis* and *Materia Medica Pura*. The earlier of these two publications appeared in a single volume in 1805; it contained pathogenesies of twenty-seven drugs, each consisting of symptoms obtained by proving on the author himself and others, with observations of poisoning and over-dosing cited from authors. The provings were mostly made with single full doses of the several drugs.

The *Reine Arzneimittellehre*, or *Materia Medica Pura*, began to appear in 1811. Its first edition was completed by the publication of a sixth volume in 1821; by which time the pathogenesies of sixty-one medicines had been presented, twenty-two of which had already appeared in the *Fragmenta*. From the second volume onwards, Hahnemann was assisted in proving by a band of disciples who had gathered round him, whose contributions henceforth form a large part of his symptom-lists. A second and augmented edition of these six volumes appeared in the years between 1822 and 1827; and a third was commenced in 1830, which, however, terminated with the second volume in 1838.

The lecturer gave a full account of the contents and character of the *Materia Medica Pura* in its several editions, illustrating his statements by the volumes themselves and by tables prepared to show the medicines they contained, and the number of symptoms obtained from each. He adduced evidence to show the great care and circumspection exercised in the provings, which were ordinarily made, he said, with the first triturations of

insoluble substances, and the mother-tinctures of the vegetable drugs, repeated small doses being taken until some effect was produced. He was unable to speak so favourably of the citations from authors, when taken from observations made upon sick persons. He showed, by a number of instances in which he had followed up the references, that the principles on which Hahnemann selected the true medicinal symptoms from among those of the disease are not such as we can approve at this day. All citations of this character must, therefore, be taken provisionally only, until verified from purer sources. He mentioned that in Dr. Allen's *Encyclopædia* the student is, for the first time, enabled to distinguish symptoms so obtained from those which surround them, and to learn all that can be known of the circumstances under which the observations were made.

Dr. Hughes concluded by a high eulogy of the wisdom and industry displayed by Hahnemann in this first contribution made on any large scale to the knowledge of the physiological action of drugs.

LECTURE II. Jan. 18.

In the second lecture Hahnemann's *Chronic Diseases* was discussed. The first edition of this work, published 1828-30, consisted mainly of pathogenesies of a series of new medicines, seventeen in number, introduced to combat the mischief wrought (according to his theory of chronic disease now promulgated) by the "psoric" miasm. These pathogenesies appear without a word of explanation as to how they were obtained, and no fellow-observers are mentioned. Coupling this with the advanced age of Hahnemann and his isolated position at the time, and many hints afforded in his prefaces to the several medicines, the lecturer came to the conclusion that the symptoms were not obtained by provings on the healthy, but were the (supposed) effects of over-doses (that is, of attenuations as low as from the third to the twelfth) taken by the chronic sufferers who resorted to him for relief.

The second edition of the *Chronic Diseases* was published in 1835-9. Besides the twenty-two medicines of the first edition it contained twenty-five others, of which thirteen were new, and twelve had already appeared in the *Materia Medica Pura*. The new material of this edition was taken from several sources—such as the provings of Jörg, Hartlaub and Trinks, and Stapf—of which an account would be given hereafter. A large part of it, however, consisted of contributions from fellow-observers, which may fairly be presumed to have come from provings on the healthy, but all (as contemporary evidence showed) instituted with globules of the thirtieth dilution.

The lecturer then discussed the value of provings with infinitesimal doses, observing that their power to affect the healthy body was another question from that of their efficacy in disease. From a survey of the evidence on the point, he concluded that we had no right to reject symptoms so obtained; that at the utmost they needed clinical verification. The pathogenesies of the *Chronic Diseases* should not, he said, on this account be discredited. On the other hand, the new symptoms of the first edition had the additional feature of having been observed on the sick instead of the healthy; and this, after the evidence presented in the first lecture of Hahnemann's unsatisfactory mode of choosing symptoms so obtained, he admitted to be a grave impeachment of their validity. They needed, he said, pathogenetic verification—their reproduction in the healthy, ere they could be admitted as genuine drug-effects into the *Materia Medica*.

Dr. Hughes concluded with an account of the translations of Hahnemann's pathogenesies available for the student, which was a recapitulation of his statements on the subject contained in the current number of the *British Journal of Homœopathy*.

LECTURE III. Jan 24.

The third lecture ranged over a wide field of subject matter.

The German contributions to the *Materia Medica* were first specified and described. The earliest follower in the footsteps of Hahnemann was said to be no disciple of his, but a Professor in the University of Leipsic, Dr. Jörg; who has, nevertheless, given us a number of valuable provings. Hartlaub and Trinks were next mentioned, and the medicines of their *Arzneimittelchre* recounted. The lecturer here discussed the question of the value of the symptoms so copiously furnished to their work by the anonymous "Ng." and came to the conclusion that these had been unduly depreciated, and that they needed clinical verification only to establish their genuineness. He then spoke of the *Beiträge* (Additions to the *Materia Medica*) of Stapf, and of the Austrian provings and re-provings, characterising the latter especially as among the most valuable material we possess for the *Materia Medica* of the future. He concluded this part of his subject by paying a tribute to the continued activity of German workers in this field, both among homœopaths and—as seen in the Vienna Society, the followers of Rademacher, and Professor Martin and his students—in the ranks of the old school.

Dr. Hughes then spoke briefly of what had been done in the way of drug-proving in France, England, Spain, Italy and Brazil. This country, he said, has only contributed during its forty years of homœopathy four provings of any note, the *kali bichromicum*

of Drysdale, the *naja* of Russell, the *cotyledon umbilicus* of Craig, and the *uranium nitricum* of Edward Blake.

He spoke lastly of America. The value of Dr. Hering's work in the *Materia Medica*, and our indebtedness to him for—among other medicines—*lachesis*, *apis*, and *glonoin*, was warmly acknowledged. No less tribute was paid to the labours of Dr. E. M. Hale, in enlarging our knowledge of the indigenous plants of his country. The services rendered to the *Materia Medica* by the American Institute of Homœopathy were also estimated at a high standard, and its activity in drug-proving was illustrated from the contents of the first and last volumes of its transactions. Finally, Dr. Allen's *Encyclopædia* was warmly commended to students, as containing all the scattered materials which had been characterised in this course of lectures. But they were also urged to acquaint themselves as far as possible with the original works which had been brought before them, that with an enlightened general knowledge of drugs they might use the *Symptomen-Codex* aright.

At this lecture, as at the others, the volumes described were placed on the table for the examination of the audience.

Dr. Hughes will continue to lecture on the Thursdays in February, his subject being the *Nature and Laws of Drug Action*.

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VACCINATION.

THE *Medical Examiner* has made careful inquiries into the system of animal vaccination as it is employed in Belgium, where small-pox has been literally stamped out. The State Vaccinal Institute was founded at Brussels by Royal decree in 1868. It has, therefore, been eight years in existence, and sufficient time has elapsed to form an opinion as to the success of its operations. The institution has been for some time established in the Zoological Gardens, and from the first has been under the management of Dr. Warlomont. Dr. Warlomont informed our contemporary that the calves are let to the institute for the term of seven days. During their stay at the institute they are well cared for, their food consisting of eggs and milk. At the end of the week they are restored to their owner without having undergone any deterioration. There has been an uninterrupted transmission of cow-pox from calf to calf since M. Petry, a member of the Royal Belgian Academy of Medicine, accidentally discovered a case of cow-pox at Esneux (Liège), in July, 1866. In ordinary times two calves a week are sufficient, but in the epidemic of 1870-71 a calf was required every day. Passing from the calf to the infant, says the *Medical Examiner*, we have satisfactory information to impart. The results obtained by 86 vaccinators in different parts of Belgium in 1870 and 1871 were 96 per cent. of successful cases, whilst in England the best results obtained from arm-to-arm vaccination only give 95 per cent. of successes. As regards the protective power of the calf-lymph, there is the notable fact that in the severe epidemic of 1870 and 1871 not one of the 10,000 children vaccinated with animal vaccine in the previous five years (that is, since the Institute had been founded) was attacked with small-pox. The following figures show how largely the medical profession in Belgium make use of animal vaccination. There are about 1,000 medical men in Belgium more or less occupied with vaccination. In June, 1873, 805 medical men were supplied by the Institute and 468 in July; or, in other words, 768 practitioners were supplied with animal lymph in two months. Since that date the numbers applying for lymph have largely increased. According to the original decree the director was only obliged to supply gratuitously two capillary tubes and two points to each commune, but subsequently Dr. Warlomont offered to furnish all practitioners gratuitously with as much vaccine as they required. It is better in employing animal vaccination to use points than capillary tubes. The former retain their efficacy for months, and even years, whilst the matter in tubes, unlike the human vaccine, rapidly undergoes changes which destroy its qualities.

HOMŒOPATHY IN MISSOURI, U.S.

In opening the present session of the St. Louis Homœopathic Medical College, Dr. Valentine gave interesting sketches of the careers of several of those medical men through whose efforts it has mainly come to pass that Homœopathy is so highly appreciated in the rapidly growing city of St. Louis. The following is his account of Dr. Temple, the pioneer of Homœopathy in the State:—“He crossed the ‘Father of Waters’ in 1844, and settled in St. Louis—then a village of 20,000, now a city of half a million souls. The name of this well-known pioneer, long since a distinguished College Professor, and now almost an octogenarian, is John T. Temple, A.M., M.D., a Virginian gentleman of the old school, a truly good, as well as great man, known among us as the ‘Nestor of homœopathy,’ and the ‘old man eloquent.’ A native of King William County, Virginia, near Richmond, with a classical and collegiate education from Lexington, Va., he graduated at the University of Maryland in medicine, in 1824, having been a private student of Dr. Geo. McClellan for three years. He practiced medicine in Washington, D.C., until March, 1838, when he moved to Chicago, Ill., then a frontier post—called Fort Dearborn—merely a stockade with 100 men, Major Whistler in command. In 1848 he became a convert to homœopathy, and in 1844 he came to St. Louis, *via* Galena, Ill.

“Dr. Temple, who is still in practice, though enfeebled by age, was the first Dean of the Homœopathic Medical College of Missouri—a flourishing institution he assisted in founding in 1857—and during his annual course of lectures he has delivered three lectures per week on *Materia Medica* and *Therapeutics*. This chair he has held continuously, and few men are more impressive before a class.

“Homœopathy was first received in St. Louis by the intelligent and learned (so he reports), and made rapid progress from a single family—that family from Cincinnati, patients of Dr. Pulte, of that city—who still survives.

“At the close of a course of lectures of that year, of the St. Louis Medical College (old school), the valedictorian on the part of the faculty, Dr. J. B. Johnson, professor of Theory and Practice, took occasion to attack homœopathy in his address, and to vilify it fiercely, with the view of crushing it at once, while in its infancy in the West. The sequel shows that he succeeded just about as well as Oliver Wendell Holmes succeeded in Boston about the same time, when he declared in a public address that he had slain and buried homœopathy forever upon its arrival on our shores.

“Dr. Temple prepared an exhaustive article in answer to Dr. Johnson’s attack, who still survives, and occupies the same chair in the same college.

“At that time there were two medical journals published in

St. Louis, and both refused to publish Dr. Temple's article. He then applied to the city papers, and such was the hostility of public sentiment that they also refused him publication; but the doctor, determined on being heard and vindicated, published his reply to the learned professor in pamphlet form, at his own expense, and distributed it gratuitously throughout the city. He says: "I consider that publication the first grand impulse to the progress of homœopathy in St. Louis. All classes then tried it. The chief obstacle, as everywhere, was prejudice, and that inaugurated by the profession and kept alive by ridicule." Dr. Temple established a medical journal in 1848, and, single-handed and alone, kept it in existence for two years. Since that time he has often contributed to the current medical literature of the times many valuable papers. In 1850 he went to California."

OLD LINEN.

WE have been requested by the Lady Superintendent of the London Homœopathic Hospital to inform our readers that contributions of old linen will prove most acceptable to her in the surgical ward. We shall be very glad if, by drawing attention to this necessity, we can induce any to forward to Miss Brew material of the kind wanted.

BRITISH HOMŒOPATHIC SOCIETY.

THE Fifth Ordinary Meeting of this Society will take place on Thursday the 1st of February, 1877, at seven o'clock.

A Paper will be read by G. F. Maberly, Esq., of Leamington, entitled, "On Heat and Electricity in the Cure of Rheumatism and Chronic Diseases."

HEIFER LYMPH.

SINCE going to press we have received a letter from Dr. Wyld, of 12, Great Cumberland Place, informing us that he has succeeded in vaccinating an English calf, and that Mr. Allshorn, 51, Edgware Road, is prepared to supply the profession with points charged from this source. Dr. Wyld kindly offers to reply to any enquiries, accompanied by a fully addressed stamped envelope.

MARES' NESTS.

THE *Medical Press and Circular* has frequently exhibited a marvellous faculty for the discovery of mares' nests relating to homœopathy. Not long since it quoted a paragraph from a Brussels Allopathic Journal stating that a prescription for "man's milk" had been sent to a chemist in Brussels to be dispensed! The medicine actually ordered was *hamamelis*

virginica. A correction was sent to the Brussels paper, which manufactured and circulated the *canard*, but no notice thereof was taken. It is to the interest of papers like the Brussels journal and the one that emanates from London and Dublin, that their readers should believe whether rightly or wrongly that homœopathists do prescribe "milk of a man!" Their business is to represent all homœopathists as fools. What better way could they adopt of carrying on their trade than by inventing and circulating a falsehood so intellectually damaging as this!

Well, here is another of the same class, born in Brussels and brought out simultaneously in London and Dublin. The Anglo-Hibernian editor writes as follows:—

"**NAIVETES OF HOMŒOPATHY.**—In *l'Art Medical*, of Brussels, we read the following anecdote:—Some days ago a prescription, emanating from a well-known homœopathic doctor in Brussels, was handed to the narrator. This recipe prescribed for an attack of neuralgia the *third trituration of nitro-glycerine*. Being curious to know the method of pulverisation used by the homœopathic chemist, to whom the prescription was addressed, the narrator begged to be told the method by which nitro-glycerine was triturated with sugar of milk, without great danger of an explosion which would blow the establishment into a thousand fragments. He was answered with imperturbable coolness, 'The triturations of nitro-glycerine are a pretence. It is quite clear that we cannot triturate so explosive a body, so we give the patient only the sugar of milk.' *Ab uno disce omnes*."

A more glaringly improbable story than this it would be difficult to concoct. No prescription of the kind was ever written. In the pharmaceutical terminology, common among homœopathic physicians and pharmacutists, nitro-glycerine is termed *glonoïne*—the compound word nitro-glycerine is never used. No pharmacopœia has propounded anything so manifestly impossible as a trituration of this substance. It is ordinary enough to make powders by saturating a few grains of sugar of milk with *glonoïne* in the third dilution, and this is probably what the chemist referred to did when he prepared the powders that the genius of the *Union Medical* penny-a-liner converted into trituration!

In the very next column we are informed that a homœopathic practitioner at Bathurst, New South Wales, has been committed for trial on a charge of manslaughter; death having resulted from his improperly lancing a cancerous tumour in the neck. Had our Anglo-Hibernian contemporary been simply desirous of communicating interesting professional intelligence from the colonies; had a desire to reflect upon homœopathy and homœopathic practitioners not been the chief reason for inserting such a paragraph, he would have added that the said homœopathic

practitioner had been acquitted without his counsel having been called on for his defence. The *Western Independent* of Bathurst, Oct. 24, 1876, has the following paragraph relating to the trial, which took place on the previous day:—

“DR. FAWCETT AND THE ALLOPATHS.—The result of the trial of Dr. Fawcett is just what we, and indeed ninety-nine out of every hundred in the district, expected. His acquittal was just what would be expected from twelve men of ordinary intellect. Killing and slaying are words of terrible import. Under the scathing cross-examination of Mr. David Buchanan, the terrible charge urged by three qualified medical men, shrank into very small significance, and left the impression on most present that, not so much the public benefit, as professional jealousy, set the law in motion. We were glad to find that Drs. Bassett and Tassel disclaimed all part in putting the law in motion through the Attorney-General.”

The patient was a woman suffering from malignant disease of the neck, and for a time she was under the care of Dr. Fawcett, a homœopathic practitioner at Bathurst. She was afterwards taken to an Infirmary, when she died in a short time. Of that Infirmary Drs. Bassett and Tassell are the medical officers. The prime mover in obtaining the trial appears to have been a Dr. Cortis, of Bathurst, who has suffered severely from the success of Dr. Fawcett! In fact it would appear from the evidence that the culminating grievance, the last straw that broke down Dr. Cortis' endurance of Dr. Fawcett's homœopathy was, that the deceased woman had, previously to consulting Dr. Fawcett, been a patient of his!

Such paltry conduct as this it is which receives the approval of our Anglo-Hibernian contemporary!

CORRESPONDENCE.

HOMŒOPATHY AND HIGH DILUTIONS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—At p. 48 of your current volume, Dr. Yeldham is reported to have made these three statements: (1) That the medium dilutionists whose range of dose was from three to thirty, were the rightful heirs of Hahnemann's infinitesimals; (2) That when we ascend beyond certain dilutions it is inconceivable that a point must not be reached where this division ceases and medicinal particles no longer exist; and that “*this is not homœopathy*”; (3) That the existence of matter in the 200th or 100000th dilutions is not only inconceivable, but so improbable as to be practically impossible. From these statements we can only conclude that Dr. Yeldham considers that the

use of 200th and higher dilutions "*is not homœopathy.*" If Dr. Yeldham will refer to a much neglected book—the *Organon* of Hahnemann—he will find the following note: "The higher we carry the attenuation—accompanied by dynamization (two succussion strokes) with so much the more rapid and penetrating action does the preparation seem to effect the vital force and to alter the health, with but slight diminution of strength, even when this operation is carried *very far*,—in place, as is usual (and generally sufficient) to 80, when it is carried up to 60, 150, 800 AND HIGHER, only that then the action always appears to last a shorter time."—*Organon*, p. 881 (Dudgeons' translation). I ask Dr. Yeldham how in the face of this teaching he could venture to tell his audience, who were waiting on him for *instruction*, that to use the 200th potency was "*not homœopathy.*" Further, Dr. Yeldham is reported to have said that "a too slavish adherence to symptomatology" was calculated to lead to the practice of alternating two remedies, and to a too frequent change of medicine. I believe the reverse to be the case. Many, who do not read their *Materia Medica*, seem to have an idea that *aconite* must always be given when there is "*fever.*" Hence if such a practitioner has a case of pneumonia in which *phosphorus* is indicated by the symptoms of that particular case, he is nearly sure to give *aconite* as well, if there should be "*fever;*" whereas, if he had studied the *Materia Medica*, he would have found that *phosphorus* was homœopathic to the "*fever*" also. Almost every drug causes fever of some kind; if the true *aconite* symptoms exist, this remedy should be given *alone*, and allowed to act till its effects are exhausted, when if there should be any changed or remaining symptoms, another remedy must be selected accordingly.

Most earnestly do I urge all who are investigating homœopathy to obtain a thorough knowledge of Hahnemann's *Organon*, and to apply the rules thereof faithfully in practice till they find them fail. But let it never be forgotten that *routine* practice sooner or later *will* fail. Every case is a separate study, and the remedy for each must be selected by means of the repertories and the *Materia Medica*, strictly according to the *symptoms* of each individual case, regardless of the *name* of the disease or of mere pathological speculations. Then, but only then, will our success be equal to that of Hahnemann and the band of disciples who worked under his immediate supervision.

I can conscientiously state, that after a study of homœopathy for fourteen years, I have *never once* found Hahnemann's teachings to be wrong, either in acute disease threatening life, or in chronic disease which had baffled all other treatment.

Yours, &c.,

4, Highbury New Park, N.

E. W. BERRIDGE.

TINSLEY'S PATENT INVALID BEDSTEAD.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I beg to call the attention of your readers to the simple, effective, and inexpensive bedstead described under the above heading. It is impossible for it to get out of order, and anybody can work it. The upper part of the bedstead works on a hinge, and is raised by a rack and pinion, so as to elevate the head to any required height, and at the same time the lower portion of the bed and bed-clothes move upwards so as to leave a space at the foot for the nurse or attendant to get at the feet if desired. No effort is required on the part of the patient to draw the legs up, they are moved for him. This is of great importance in cases of extreme debility, in paralysis of the lower extremities, and especially in fractured leg or thigh; and I know of no other contrivance by which it is accomplished.

Mr. Tinsley was led to devise this for the use of his wife, who was long an invalid.

The bedsteads are to be procured of Maple & Co. in the ordinary way.

I am, Gentlemen,

83, Brook Street, W.,
11th January, 1877.

Yours obediently,
R. L. GUTTERIDGE, M.D.

A HOMŒOPATHIC PREVENTATIVE OF SMALL-POX.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I see an advertisement in the *Times* of to-day announcing the sale by a homœopathic chemist of a homœopathic preventative of small-pox. Can you tell me what it is? I never heard of anything of the kind before. If it is real it is a great boon; if unreal, it may be very mischievous.

I enclose my card, and am
Jan. 8, 1877.

AN AMATEUR.

[We know of no homœopathic preventative of small-pox. The only real protection against this loathsome disease is efficient vaccination. The word homœopathic is tacked on to many articles for commercial purposes, just as the names of eminent physicians are prefixed to patent pills. If reliance upon anything called a preventative of small-pox is to take the place of vaccination, such confidence will be mischievous in its results.—Eds. *M. H. R.*]

DR. MACKECHNIE AND THE LONDON HOMŒOPATHIC HOSPITAL.

We have received a complaint from Dr. Mackechnie that the figures relating to his attendance during the six months ending

June 30, 1876, were incorrectly given in our last number. We have, therefore, made enquiries as to the validity of Dr. Mackechnie's objection, and regret to find that in making up the return there has been an error. This has arisen from a non-recognition of the fact of Dr. Mackechnie's having, with the consent of the Board, transferred the care of out-patients to Dr. Blackley in November last. Hence he was supposed, in the return we published, to be due at the Hospital on days when he was not. This error we have much pleasure in being able to correct. The number of visits due from Dr. Mackechnie on Tuesdays and Fridays at 10 o'clock in the morning during the six months was, therefore 52 instead of 68. He was punctual on 16 of these occasions; upwards of half-an-hour late 22, and altogether absent 14 times.

NOTICE TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Dr. DRURY has forwarded to us a letter, too late, however, for publication in this number, in which he protests against our conclusion that his statement at Clifton was a reflection upon the method of treatment pursued at the Hospital. We do not for a moment suppose that such was his intention, but regret to believe that no reader of his statement can fail to put the same construction upon it as we have done.

Dr. BURNETT.—The Dispensary will be noticed next month.

Dr. LIPPE, Philadelphia.—Your letter has been received, and will appear in our next number.

Communications have been received from Drs. Bayes, Drury, Berridge, Süsse-Hahnmann, and Mr. Rae, London; Dr. Brothie, Liverpool; Dr. Sharp, Rugby; Dr. Craig, Bedford; Dr. Shepard, Norwich; Dr. Nankevell, Bournemouth, &c.

Dr. BAYES requests us to acknowledge a donation of £500 to the School Fund from "A Warm Approver of the School of Homœopathy."

BOOKS RECEIVED.

Repertory to the New Remedies. By C. P. HART, M.D. New York. Boericke & Tafel.

Transactions of the Homœopathic Congress, 1876. London. Gould & Son.

The British Journal of Homœopathy. London. Turner & Co.

The Homœopathic World, January. London.

The Chemist and Druggist, January. London.

The New England Medical Gazette, December, 1876.

The Ohio Medical and Surgical Reporter, January, 1877.

L'Art Médical, January, 1877. Paris.

Bibliothèque Homœopathique.

Revue Homœopathique Belge.

Allgemeine Hom. Zeitung, January. Leipsic.

El Criterio Medico. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

PROFESSOR LIPPE AND THE *REVIEW*.

Nullum tempus occurrit regi, and we presume the same may be said of the editor or editors of those journals which have a prolonged and consecutive existence. In confirmation of which we print with pleasure, in this present number of our *Review*, a letter from Professor LIPPE, of Philadelphia, in criticism of our leading article for January, 1874.

Professor LIPPE gives a long quotation from the article in question, containing observations of which he and his friends disapprove, and we cannot but allow that he has picked out a fairly strong passage, one indeed which was not written with the intention of conciliating the extreme men of his school, laudable as such an intention would have been. He then tabulates six categorical statements, which he charges us with having implied in the quoted paragraphs, and further proceeds to comment upon them in an equally categorical manner. We have no objection whatever to Professor LIPPE's mode of procedure, but we must leave our readers to decide whether or not his line of argument is a successful one.

(1.) He charges us then, first, with maintaining that especially in America exists an exaggeration in the direction

of *infinitesimal doses*. And then, in his comments on this statement, instead of demolishing it, we find him confirming it to the very best of his ability, claiming the celebrated Dr. FINCKE, of America, as a worthy successor to the German potentizer JENICHEN. The latter obtained more powerful effects from the 40,000th potency of arsenic than from the lower potencies, and Dr. FINCKE and his successors always use "the most infinitesimal doses," which we may presume to be the hundredth thousandth and upwards. Where they fail to cure by these remedies, it is always owing to their want of a strict observance of the homœopathic law. This of course is an opinion, and not a fact—a thing fondly imagined by those physicians who are more deeply attached to a transcendental infinitesimalism, than to the law of similars; who conceive that their knowledge of the range of doses is more scientifically accurate than their power of choosing the correct homœopathic remedy. And truly this conception of theirs may have its basis in fact.

(2.) *Infinitesimal doses are the bane of true science.* Professor LIPPE maintains his objections to this statement, by urging (a) that medical science comprises a knowledge of how to cure, and (b) that if men can cure better with infinitesimals than without, then the knowledge of infinitesimals has advanced science. We are quite ready to re-assume the responsibility of our second statement, and we appeal to all the journals and published works of the high-dilution school to confirm it. Where shall be found such paltry cases reported? Where do we discover such slovenly attempts at diagnosis? Where is there such an utter ignorance shown of the true pathology of the cases under observation? Where, in fine, is the law of HAHNEMANN concerning the "totality of symptoms" so set at nought, and the remedy so frequently prescribed on the single indication of a fancied and fanciful "keynote" symptom?

But we will take Professor LIPPE on his own ground; his argument is altogether a fallacious one; and the so-called successes of a high-dilutionist should be compared, not with his own previous experience, but with the work of a man, who with a good knowledge of disease and of homœopathy, uses freely a good range of dose instead of prescribing by the rule-of-thumb method in vogue with Professor LIPPE's school.

(8.) *That the colleagues you designate as pseudo-Hahnemannians annoy you in England, and also your friends in America.* Our correspondent objects very much to the nomenclature in the above statement; but we must cleave to it still. It must ever remain a matter of doubt what HAHNEMANN would have said to the *cm.* dilution, as it was never brought under his notice. But we must again affirm that those who have sacrificed the science of medicine, the proving of drugs, and the Hahnemannian method of selecting remedies, to a craze for "bottle-washing," are not the men who can claim the name of Hahnemannians *minus* the prefix we have granted them. As to the "annoyance," however, of which he speaks, as expressed in our article, we must altogether deny the soft impeachment. In reviewing the condition of our School, we may have lamented the presence of certain views, which we considered incompatible with true science, but we cannot possibly feel annoyed with the men who hold them, so long as they conduct themselves as gentlemen. Moreover, in England, the number of these gentlemen may be counted on the fingers of one hand, and while we would speak of them, as individuals, with the deepest respect, we would assure Professor LIPPE that their collective opinion has never yet dared to express itself on this side of the Atlantic in favour of the doses to which he is so much addicted.

We are, however, extremely obliged to the PROFESSOR for

the interesting portion of his professional life which he relates to us. The cure of the Chief Justice was followed unquestionably by a most remarkable political advantage to the cause we have all so much at heart, and no doubt his case was a most interesting one in many particulars. First, it indicates rather painfully the small amount of medical acumen exercised in prognosis by the leading allopathic physician of the city of Philadelphia. Perineal abscess is not usually a fatal disease, distressing as it may have been to the unfortunate Chief Justice—and no doubt Professor LIPPE's forecast was the more correct of the two. But putting that aside as a mere insignificant matter of medical science, we are interested in examining the treatment of this case. It is one of imminent fistula combined with constipation; the swelling looks dark and fluctuates. *Plumbum* is administered—a drug which produces constipation with colic and spasm of the colon, but which has no reference whatever to the constipation of the Chief Justice, or to his perineal abscess. For five days nothing further is done—neither *hepar* administered nor the lancet used, although the anatomical location of the abscess demanded an early relief to the imprisoned pus. *Silicea* and *causticum* are afterwards prescribed, on fairly correct grounds, and with very good effect, and the fistula heals. It is worthy of note that the dilution used here is the 200th: we wonder if the PROFESSOR's success is still more brilliant with the 2000th or the 100,000th? or if he is at more pains to discover now whether or not the medicine he prescribes has more real connection with the pathological state, or with the totality of symptoms, than *plumbum* had in the case in point? If this question be answered in the negative, we must still—even in the year of our Lord 1877—class Dr. LIPPE with the pseudo-Hahnemannians.

(5.) *That homœopathy was unfortunately handicapped at*

starting with the globule and the 30th potency. We maintain, *pace* the PROFESSOR, that "unfortunately" is the right adverb in the right place. What homœopathy could have done, had she been rightly attired, is sufficiently shown by what she has effected under most disadvantageous circumstances. Instead of only just beginning to see her principles pervade the *sancta* of so called "legitimate" therapeutics, after nigh 60 years of struggle and hand-to-hand fight, she would have swept down the medical theories and practice of the first half of this century, and have dragged them in triumph at her chariot-wheels. Still, all's well that ends well, and those, who in the near distance, see her triumph, and welcome the approach of a true and noble unity of medical schools, will forget and forgive, right gladly, the hard words and harder blows of the long warfare. *The globule was unnecessary: and the 30th dilution based on opinions and not on facts.* PROFESSOR LIPPE's flat contradiction does not alter the truth of this statement; it is merely an additional *opinion*. HAHNEMANN carefully established his law of cure on *facts*: his opinion concerning the 30th dilution was an opinion only, unsupported by a single related fact. The only related cases of cure which he ever published were those in which he used the mother tinctures! We do not, for a moment, assert that the 30th potency does not or cannot effect a cure, but we do assert that the proposal of HAHNEMANN, for its universal use, was an intense obstacle to the spread of homœopathy, and was not grounded on any connected and sufficiently powerful basis of fact.

(6.) *The inconveniences of the pellet and the 30th dilution have long since disappeared.* Most distinctly they have, though not without considerable internecine strife, which our high-dilution friends would still perpetuate if they could. The sphere of cure in which homœopathy is available is steadily becoming more defined; the application

of the law of similars is more scientific, and is more widely cognisant than formerly of the various changes in the economy. The question of the dose is becoming separated from the theory of potentialization, and is gradually assuming a scientific basis, which will establish the properly regulated dose as a true handmaid to the homœopathically chosen remedy; and in this process the dogmatism of HAHNEMANN'S last days has been set on one side, while a true and hearty reverence has yet been retained for our Master's gifts and genius. Dr. LIPPE, of course, will treat all this with disdain, and consider it as the rankest heresy. He is welcome to his opinion, but we may yet thank him for explaining *totidem verbis* his own standing and that of his friends—" *When the time should come that the pellet and dilutions (? cm) disappear, the school will be wiped out!* " The words are true enough for his section of the school—a section that is founded confessedly on a form of administration and a dose, but on no principle whatsoever.

As to the backbone of English homœopathists being high dilutionists, and keeping homœopathy alive in England, the thing is too absurd for refutation! A glance at our journals and medical works is sufficient to decide the question.

In conclusion we must express our deep regret that in a matter of such vital importance as this is, and after a cogitation which has lasted for at least two years in Professor LIPPE'S brain, he should have allowed himself thus to multiply words without wisdom, to add nothing, whatever, to the scientific treatment of the dose question, and to bring forward not a single fact—much less a well arranged group of facts—to substantiate one of his own arguments, or to contradict the remarks which we had made in our casual review of the homœopathic world.

ON THE RATIONALE OF HOMŒOPATHIC CURE.

BY DR. R. HUGHES.

I.—THE PRIMARY AND SECONDARY ACTION OF DRUGS.

Being a Lecture delivered at the London Homœopathic Hospital, Feb. 8, 1877.

IN last Thursday's lecture I spoke of the three modes in which our knowledge of the physiological action of drugs could be applied therapeutically—these three being the allœopathic, the enantio- or anti-pathic, and the homœopathic respectively. Upon the last-named, when it had been defined, I dwelt at considerable length, showing how it was neglected in ordinary practice, but had been elevated and elaborated by Hahnemann into a general method of cure; and adducing evidence as to its successful working, its comparative advantages, and its practicability. But, in so speaking, I throughout confined myself strictly to the *phenomena* of drug-action, as they appear on the surface. I propose now to advance a step farther, and begin to enquire into their laws and significance.

There is no difficulty in understanding the action of drugs allœopathically or antipathically related to the disorder presented for treatment. The former by some evacuation or revulsion, the latter by direct opposition to the set of the morbid change, can readily be conceived of as restoring the affected part to its normal condition. But it is not so when we come to give drugs which cause in the healthy a similar disorder to, that before us. It would seem at first sight as if nothing but aggravation could ensue—that if one fire can put out another's burning when applied to other parts of the body than that which is the seat of conflagration, if directed to the same part it can but increase the original flame to twofold intensity. Yet it is not so. Even were the general experience of the homœopathic school put out of sight, there is no doubt that arsenic, which causes gastritis and enteritis in the healthy, cures irritative dyspepsia and chronic diarrhœa in the sick; or that it is capable of setting up nearly every form of the cutaneous mischief for which it is so efficient a remedy. Here, if nowhere else, we should have to enquire, *in quo modo?* But we homœopaths know that the field of the problem is co-extensive with specific medication, and are deeply concerned in making what approach we may to its solution.

Now, since medicines whose influence is directly opposed to the tendency of the morbid process operate in cure after a manner easy to be conceived, it is not strange that attempts should have been made to resolve into such an operation the behaviour of similarly acting medicines—to suppose that, though they seem homœopathic, and are selected because of such apparent relationship, they are really and within the system antipathic.

I. The first to propound such a theory of cure by *similia similibus* was Hahnemann himself. He supposed that every drug, whether given in health or in disease, produced two series of effects, the secondary being precisely opposite to the primary; that, if given in morbid states corresponding to its secondary effects, it acted at first as an antipathic palliative, but then—its own secondary operation supervening—increased the disease; while, if given when a condition answering to its primary effect was present, it caused a temporary aggravation indeed, but then by its secondary effects, which were opposite to the disease, a considerable amelioration thereof.

I believe that this was substantially Hahnemann's doctrine from first to last. But, as a somewhat different account of it has been given by the historian and exponent of homœopathy to whom I so constantly refer as an authority—I mean Dr. Dudgeon—it is necessary that I should say somewhat in justification of my statement. Dr. Dudgeon considers that in the *Medicine of Experience* and the *Organon*, Hahnemann conceived of homœopathic action as the substitution we last week heard of in Trousseau's words, that is, as the overpowering and annihilation of the natural disease by an artificial one excited at the same spot, which latter, being but of brief duration, soon subsides, leaving health behind. "At a subsequent period, however," (writes our author) "viz., in the preface to the fourth volume of the *Chronic Diseases* (1838), Hahnemann attempted another explanation of the curative process." This is the doctrine that it is the vital force which is always the conqueror of disease; that in our patients—especially those chronically sick—its power is insufficient for this victory; and that by administering a medicine acting in a direction similar to that of the malady, the vital force is, as it were, stirred up to fresh efforts in opposition "until" (I quote Hahnemann himself) "at length it becomes so much stronger than was the original disease, as that it can again

become the autocrat in its own organism, can again take the reins and conduct the system on the way to health." But, if you will listen to a short extract from the *Organon* (sec. xxvi. of Dudgeon's translation), I think you will agree that the earlier and later thought of the master had very much in common:—

"As every disease" he writes, "(not strictly surgical) depends only on a peculiar derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by the natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger but similar artificial morbid affection is brought into contact with, and, as it were, pushed into the place of the weaker, similar, natural morbid irritation, *against which the instinctive vital force*, now merely (though in a stronger degree) medicinally diseased, *is then compelled to direct an increased amount of energy*; but, on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the artificial (the medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

Now, though there is certainly a substitution of medicinal for natural disease contemplated here, rather than the reinforcement of the one by the other as suggested in the *Chronic Diseases*, yet the exaltation of the re-active vital force is (in the words I have italicised) distinctly stated to be the means whereby the ultimate cure is effected, just as it is in the later putting.

It remains only to connect this view of Hahnemann's with his doctrine as to the primary and secondary actions of medicines, which again is hardly done by Dr. Dudgeon.

In the *Essay on a New Principle for ascertaining the Curative Power of Drugs*, published in 1796, Hahnemann writes*—

"Most medicines have more than one action; the first a *direct action*, which gradually changes into the second (which I call the indirect secondary action). The latter is a state exactly the opposite of the former. In this way most vegetable substances act."

After saying that such opposite states are not so discernible in most mineral medicines, he goes on—

* *Lesser Writings* (Dudgeon's translation), p. 312,

"If, in a case of chronic disease, a medicine be given whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days."

This, however, he says, is a mere transitory affection, and, if troublesome, may readily be suppressed by a dose of some antagonistically acting palliative, as *opium* when the medicine was *hyoscyamus*.

Thus the cure, in homœopathic treatment, is conceived to result from the induction of the secondary action of the drug, which is antagonistic to the morbid condition present. And now, in the *Organon*, we find him identifying this secondary action of the medicine with the stirring up of the opposing vital force of which we heard previously.

"Every agent* that acts upon the vitality, every medicine, produces more or less change in the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action*. Although a product of the medicinal and vital powers conjointly, it belongs principally to the influencing power. To this influence our vital force endeavours to oppose its own energy. *This re-action belongs to our preserving vital force, of which it is an automatic action, and it is termed secondary action or counter-action.*

"During the primary action of the artificial medicinal agents on our healthy body, our vital force seems to conduct itself merely in a susceptible (receptive, as it were passive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it, and thereby alter its state of health: it then, however, appears to rouse itself again to action, and to develop (a) the exact opposite condition (*counter-action, secondary action*) to this effect produced on it (*the primary action*), if there be an opposite to it, and that in as great a degree as was the effect (*primary action*) of the artificial morbid or medicinal agent on it, and in proportion to its own energy; or (b) when there is not in nature a state exactly opposite to the primary action, it appears to endeavour to recover its lost balance, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine), in the place of which it substitutes its normal state (*secondary action, curative action*)."

We have now the theory before us, complete at every point. And as we study the works of Hahnemann, we find

* *Organon* (Dudgeon's translation), § lxxiii., lxiv.

it carried on into all its logical consequences. One of these is the "homœopathic aggravation," on which we know him to have insisted as being in some degree a necessary step in the process of cure. Another is the merely temporarily palliative and ultimately injurious effects of all medicines whose primary action is antagonistic to the disorder present. He makes this point continually in his prefaces to the pathogenesies of the various medicines in his *Materia Medica Pura*. Of what avail is it, he demands, that you induce upon the quickened circulation of a phthisical subject the retardation which is the first effect of *digitalis*? Secondary re-action will speedily follow, and your patient will have a more rapid pulse than before. What is the use of forcing sleep on this excited brain by *opium*, when, as soon as its primary soporific effect has worn off, by the recoil of the organism the sleeplessness will become more complete than ever? On the other hand, he says, give the homœopathic remedy; and, though a slight and fleeting aggravation will ensue during its first effect, the permanent re-action it will excite is just the healthy condition you desire to restore.

This is the doctrine; and we have now to consider its validity as an explanation of homœopathic cure-work. Dr. Dudgeon, though not connecting (as we have seen) the two elements of the theory together, objects to each separately,

(1.) As regards primary and secondary action, he shows that Hahnemann was compelled in later times to modify considerably his former views on this point. He had maintained that when medicines (as they generally did) caused two opposite series of phenomena, the former of these alone were the positive effects of the drug, and available for comparison with the symptoms of disease in working the homœopathic law. But subsequently he came to see and to state that many of these opposite phenomena were true direct results of the drug's action, and that disorders resembling them could be cured with the medicine after the homœopathic manner. He therefore declared them to be, equally with the others, primary symptoms, and used the words "alternating effects" to designate the two opposing series. By degrees both phrases dropped into disuse, and his latest view seems to have been that all changes of health which followed the ingestion of a drug were effects of such ingestion, and were legitimate materials for comparison with the symptoms of disease. To this opinion Dr. Dudgeon:

himself assents; and, if it be true, it undoubtedly invalidates any explanation of the homœopathic cure which refers it to re-action of the organism.

(2.) But Dr. Dudgeon goes a step farther. Upon Hahnemann's theory, the first effect of the similar medicine must be to increase somewhat the symptoms of the disease; and this, whether it is supposed (as in his earlier time) to supersede the disease by a stronger irritation, or (as by his later view) to reinforce it. Hence the necessity to his theory of the "homœopathic aggravation," which accordingly he maintained to be of invariable occurrence to at least some degree. Dr. Dudgeon, after examining his own data and the testimonies of homœopathic writers, comes to the conclusion that this aggravation is of by no means invariable or even frequent occurrence. This fact, also, is obviously damning to Hahnemann's theory.

(3.) I have myself a still more serious objection to it. In such primary and secondary actions of medicines as Hahnemann supposes to exist, the re-action must be, to some extent, as the action. This he himself perceives and states in one of the extracts I have read to you. He also acknowledges it when he says of provings—for instance, of that of *pulsatilla*—that, moderate doses only having been used, the symptoms are mainly primary, in other words that little re-action supervenes. Now, if this be so, we can only get much benefit from the secondary action of a remedy at the cost of a considerable primary aggravation; and the reduction of the dose to avoid the latter would correspondingly diminish the former. I need hardly point out that the facts are just the other way.

I conclude, then, that Hahnemann's theory of the nature of homœopathic cure is untenable; that the small dose we give therein neither excites an opposing re-action of the organism, nor supplants the existing irritation by a stronger one of its own. To the latter of these thoughts, however, we shall return at the last; and I think we shall find that, with some modification, it suggests to us the real action of many of our remedies.

II. I have next to examine the explanation of homœopathy given by Fletcher, which is that adopted by Dr. Dudgeon in his *Lectures*. It is also advocated and expounded by Dr. Drysdale, in his series of papers extending through the twenty-fifth and two following volumes of the *British Journal of Homœopathy*. These contributions,

weighty with solid and original thought, I commend to the earnest attention of all who are interested in their subject.

Fletcher's doctrine is, like Hahnemann's, based on the primary and secondary actions of drugs, and the opposition between them. But it is radically different both in the account it gives of these phenomena, and in the application it makes of them. With Hahnemann, the secondary effects were such as the constipation which follows the action of a purgative, and the sleeplessness which ensues upon the sopor induced by *opium*. Fletcher has no regard to these, and Dr. Drysdale dismisses them as merely signs of exhaustion and fatigue after excessive vital action. He does not allow them to be medicinal effects at all, and agrees with Hahnemann in rejecting them from the drug-pathogenesies which we apply to disease according to the rule *similia similibus*. Fletcher's primaries and secondaries lie within Hahnemann's primaries. He considers that all morbid actions, whether produced as diseases or by drugs, are of the nature, or at least conform to, the type of *inflammation*. There is here a primary increase of the vital activity of the part, showing itself in a contraction of the capillary vessels; but this is followed by a secondary depression, in which the capillaries are relaxed and dilated. The former stage is mostly latent: it is the latter which presents the classical features of inflammation—*calor, rubor, tumor, dolor*,—and in which we are ordinarily called upon to treat it. Drugs also, like the causes of disease, are primarily stimuli, and contract the vessels of the part on which they act. But, here again, the action is latent; and it is the re-active depression which is noted as the condition produced by the drug. When, therefore, a medicine is given upon the rule *similia similibus*, it is the secondary effects of drug and disease which coincide. But, the disease being already in its second stage, the primary action of the drug finds a condition present which it precisely counteracts, so that unless the dose have been excessive, its secondary influence is never manifested at all. "The first stage of the drug action," writes Dr. Drysdale, "fits into the second stage of the disease, thereby filling up a want, and not overpowering an exalted diseased action by a still greater medicinal action. The therapeutic action is, therefore, antipathic after all, though the drug be homœopathic in respect to its physiological action." I should rather say, "apparently homœopathic." Dr. Dudgeon expresses himself to the same

effect, as a single extract from his discussion of the subject will show. "I was much gratified," he writes, "to observe in an essay by Dr. Clotar Müller, of Leipzig, that he takes a very similar view of the curative process to that which I have given. He takes the inflammatory process as his theme of illustration, and after showing that inflammation consists in a kind of partial paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to these paralysed nerves, by virtue of its primary action; that its action, in fact, is the opposite of the actual condition of the diseased part, and that the principle *similia similibus* is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease. *Apropos* of this explanation, I may mention a remark of J. Hunter's, which is strikingly corroborative of these views. 'If,' says he, 'we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation;' and such, undoubtedly, are our homœopathic remedies in their primary action."

This theory is a fascinating one, and the names of those who advocate it give it weighty recommendation. I am, nevertheless, unable to accept it; and, with the utmost respect to the distinguished colleagues I have named, proceed to give my reasons for differing from them. They require us to believe:—

First—That inflammation is a factor in, or at least the type of, all diseases.

Secondly—That inflammation consists in primary active contraction, and secondary passive dilatation of the capillary vessels of a part, and can be cured by inducing contraction upon such dilatation.

Thirdly—That all drugs are stimuli, and induce the inflammatory process—*i.e.*, primary contraction and secondary dilatation of capillaries—in the parts on which they act.

Fourthly—That we can only cure homœopathically when we meet with disease in its secondary stage, and that the process consists in opposing thereto the primary action of the drug whose secondary effects resemble the condition present.

On the first of these propositions I need not say anything at present. There is no doubt that inflammation is the proximate cause of a great many diseases, and an

element in many more. Whether, however, it is a type even of those which—as fevers, spasms, neuralgiæ, &c.—cannot be directly referred to it, must depend upon what it is in itself; and this brings us to the second proposition.

When an irritant is applied to a healthy part, there is, if it be not too strong, an interval—a stage of incubation—before the signs of inflammation manifest themselves. It was thought that during this period the vessels were contracted, and earlier microscopical observations seemed to favour the idea. Later experiments, however, as those of Cohnheim,* have failed to detect any such contraction. Let me read you one of his: “If a few drops,” he writes, “of croton oil be rubbed over the inner and outer surfaces of the shaved ear of a white rabbit, no variation whatever is to be observed in the vessels during the first hour. After seventy or eighty minutes, however, a slight trace of general redness is to be observed;” and then follow general inflammatory phenomena. If, then, a contraction really occurs, it must be trivial and insignificant; and it is impossible, I think, to suppose that the dilatation which ensues, and lasts so long, is a mere re-active exhaustion resulting from it.

Further: we have it in our power really to induce such a condition by other means, but we do not find it set up inflammation. We may paralyse the blood-vessels—either immediately by dividing the nerves which supply them, or secondarily by over-stimulating these nerves by a galvanic current till their excitability is exhausted. We then get the phenomena of increased supply of blood—redness, high temperature, augmented growth and secretion; but we have no stasis, no exudation of coagulable lymph or corpuscles. These phenomena of true inflammation only occur if the health of the subject of the experiment be considerably lowered, as by partial starvation. Then, indeed, the increased blood-supply seems to act as an irritant to the weakened part, and inflammatory action occurs.

The dilated blood-vessels of inflammation, then, are not the mere consequence of a previous contraction, nor are they the essence—the proximate cause—of the specific phenomena of this disorder. It follows that inflammation cannot be directly cured by so acting upon them as to contract them. Indirectly, of course, if you could occlude the

* See *London Medical Record*, I., 819, II., 10.

vessels of an affected part for a sufficient length of time, so as entirely to cut off its supply of blood, inflammation could not continue to live there. This withdrawal of the blood-supply can sometimes be accomplished by compression of the main artery of the part, and sometimes, to some extent, by position. But whether you can effect it by an agent which stimulates the vessels themselves (or their nerves) must depend on whether these vessels themselves are in a sufficiently normal organic condition to respond to such stimulus; and this Cohnheim's experiments render very doubtful. At the best it would be a violent and roundabout way of treating inflammation, and it is not that which is contemplated by the theory before us.

The essence of inflammation, as we now understand it, seems to me to be as follows. An irritant is locally applied or conveyed by the blood to a part which it is capable of affecting. It there induces a morbid activity in the protoplasmic matter it finds present, whether in the blood-vessels or the tissues outside them. Hence—on the principle *ubi stimulus ibi fluxus*—there occurs an increased determination of blood to the part, an enlargement of its vessels, and—if the irritation be considerable—subsequently a stasis of its circulation and transudation of certain constituent elements of the vital fluid. Contraction of the vessels, if it occur at all, is a mere episode in this history. It is like its analogue in the system at large, the chill of fever, which may appear as a single rigor at the outset, or as occasional shiverings mingled with the heat ere the latter becomes permanent, or may be absent altogether. The *calor* is certainly not dependent on a previous *rigor* here, nor is it in inflammation; the two are alternating, complementary states, and dependent on a common cause—the irritation of the tissues in inflammation, the heat of the blood in fever.

I have little doubt that Drs. Drysdale and Dudgeon would now admit their vascular theory of inflammation to be untenable. I am citing the former as he wrote in 1869, and the latter as far back as 1854. But, as the doctrine they then advocated every now and then reappears in our literature, it was necessary to demonstrate its unsoundness in this place.

Let us turn now to drugs. We are told that all these substances are stimuli, analogous to the natural agencies so-called—heat, light, &c.—which, acting on the excitability of organic matter, evoke the phenomena of life. As such,

they induce primary contraction and secondary reactive dilatation of the vessels of the parts which they affect. The primary effects are latent; the secondary constitute their manifest action, and lead us to call them excitants of congestion, inflammation, hæmorrhage, increased secretion, and so forth.

Now I cannot think that this is a true account of drug-action in general. In the first place, I must deny that all drugs are primarily stimuli. Take such a substance as the *nitrite of amyl*, whose effects when inhaled are immediate. We all know the general flushing of the surface which ensues, and agree to ascribe it to dilatation of the arteries from relaxation of their muscular coats. What is this but primary depression, whether the drug's influence fall on the vessels directly or through their nervous supply? It may be suggested that the *amyl* really acts as a stimulant to those vaso-dilator nerves which recent research has discovered in connection with certain vascular areas, and which *may* exist throughout the circulatory system. But the proof that it is otherwise lies in the fact that, simultaneously with the flushing it excites, the inhalation of the *amyl nitrite* causes relaxation of any spasm that may exist, as that of angina pectoris or of gastrodynia. As no dilator nerves can be conceived to exist here, the hypothesis of a primary sedative influence seems the only one applicable to the whole group of phenomena. The same thing may be said of the action of *curare*, *conium*, *physostigma* and *gelsemium* upon the musculo-motor nerves and centres. There is no trace of excitation here from first to last.

Secondly, with regard to those drugs which are stimuli, I submit that this property does not make them capable of setting up the inflammatory process. I think that there is a confusion made in this nomenclature between stimulants and irritants. Stimulants excite function, irritants inflame tissue. *Strychnia* is an excellent illustration of the former class. It powerfully excites nervous tissue, motor or sensory, wherever it finds it; mobility and impressionability are both morbidly heightened; but there is no inflammation. On the other hand, substances like *arsenic*, *iodine*, and *cantharides* have no definite action upon function, but they inflame tissue wherever they are locally applied or electively attracted.

Thirdly, in the case of real irritants, which do set up inflammation, I hold that their action in so doing cannot

be explained by their causing primary contraction and secondary dilatation of the blood-vessels. I have already shown that no stage of contraction occurred when croton oil was applied to the rabbit's ear, though decided inflammatory action occurred after a time; and I have also demonstrated that no dilatation of blood-vessels, whether primarily or secondarily induced, is capable of itself of setting inflammation up. I must maintain that drugs act like other internal causes of the process—like the scarlatinal poison for instance; that, conveyed in the circulation to the part for which they have affinity, they there act upon the protoplasm and fret it into that morbid and blind activity in which I apprehend inflammation to consist.

It seems, then, that no part of Fletcher's scheme holds good; that inflammation is not a type of disease in general, but a process *per se*; that, when it is (as so often) the proximate cause of the symptoms present, it is not constituted by primary contraction and secondary dilatation of the vessels; that all drugs are not stimuli, and all stimuli not irritants; and that the inflammation caused by those which are irritants is, equally with the idiopathic disease, incapable of being set up by any influence exerted merely on the blood-vessels of the part. Since, then, the data prove to be unfounded, the practical conclusion falls to the ground of itself. We may be glad that it does so; for it would not be satisfactory to think that we must wait for the second stage of inflammation or fever before we can cure it homœopathically. This would shut us out from treating cholera until the consecutive fever had supervened, or nipping a pleurisy in the bud in the way described by Dr. Hayle, in his Address at our Bristol Congress.* The process, moreover, when the malady is supposed to be in a condition for action, is not one which lends itself readily to conception. Here are blood-vessels so exhausted by overstimulation that they are in a state of relaxation; we have to spur them up to their normal state of tension, and to keep them there. Surely we need for such purpose, if it be practicable at all, a very energetic and continued stimulation—one stronger, indeed, than that which caused them in the first instance to contract to less than their healthy calibre. Whereas the fact is just the other way; the repute (*e.g.*) of *aconite* as an antipyretic and antiphlogistic

* See *Monthly Homœopathic Review*, xx., 671.

was gained in the days when everyone gave it in rare and infinitesimal doses.

I submit, accordingly, that Fletcher's explanation of the homœopathic cure has as little claim to our acceptance as Hahnemann's, and cannot live in the light of our present knowledge. Let me say a few words in conclusion on the feature common and fundamental to both hypotheses—that of the primary and secondary actions of medicines.

I have already shown that Hahnemann admitted of two qualifications of his general statement of the double action of medicines. The first is, that there are some, of which he specifies the metals, as arsenic, mercury, and lead, which "continue their primary action uninterruptedly, of the same kind, though always diminishing in degree, until after some time no trace of their action can be detected, and the natural condition of the organism supervenes." The second is expressed in the phrase I have cited from the *Organon*, "the exact opposite condition to the primary effect, *if there be an opposite condition*." This last is, so far as the action of drugs on the healthy body is concerned, a very important *caveat*. It is obvious that opposition can only be predicted of functional states which admit of a *plus* and *minus*, as excretions and secretions, sleep, muscular and nervous tone, and the like. These are the conditions which vegetable drugs—being mostly neurotics and eliminants—influence, and hence Hahnemann's description of primary and secondary actions applies chiefly to medicines of this order; while the metals, which rather produce inflammation and other organic changes, do not manifest such phenomena. "The possibility, then," writes Dr. Carroll Dunham, "of classifying symptoms into primary and secondary on the basis of the relative nature of the symptoms, is not co-extensive with symptomatology; it is partial, confined to a moderate number of conceivable morbid phenomena." I quote from a paper of his on the subject in the *Hahnemannian Monthly* for May, 1876, to which I would direct the attention of all who desire to have clear thoughts regarding it.

That, within this limited sphere, certain drugs can and do cause primary and secondary phenomena of opposite character, I do not doubt. There are two ways in which they can do so. If they be excitant to any function, their stimulation may be so excessive or prolonged as to exhaust its power of responding, not merely to the medicinal, but

to the natural stimuli of its action, and diminished function may succeed. On the other hand, if they be primarily depressant, the part reduced to temporary functional inaction may during its rest be accumulating irritable matter, so that, when called into play once more, it may exhibit more than ordinary and even more than normal vigour. This latter process is not so readily conceived, but it seems to be true in the instance of the typical primary sedative, cold. It has been lately ascertained that when ether spray (whose cooling effect is well-known) is cautiously directed upon a part, its first effect is to redden it—i.e., to dilate its blood-vessels. But if now a slight stimulus—as a prick—is applied to the seat of action, a sudden, intense, and long-continued pallor supervenes. That is, the vessels are powerfully contracted.

And now as regards the application of these facts to therapeutics. Hahnemann at first told us that the primary actions of drugs were alone to be used in homœopathising; but later he found that many of the symptoms opposite in character thereto, which he had taken for granted to be secondary, were really primary; and at last, after a stage in which he characterised them as alternating actions, he gave up the distinction altogether. Dr. Drysdale would still reject such secondary conditions as the constipation which follows the operation of a purgative as “no action of the medicine at all, but merely the exhaustion and fatigue which follows every excessive vital action.” With strange inconsistency, however (if he will allow me to say so), he describes the purgation itself as consisting of two stages, the second of which is “a *collapse or exhaustion*, and consequent dilatation of the capillaries, during which (as in the analogous case of inflammation) the increased secretion takes place.” Yet he describes this as the second stage of the drug’s action, and that to which we have to fit the phenomena of disease.

I must myself agree with Dr. Dudgeon (who here parts company with his colleague) that all the symptoms consequent upon the ingestion of a drug are, for therapeutic purposes, to be counted as its effects, and that any primary and secondary states of opposition which may ensue are merely to be reckoned as parts of the order and sequence of such effects, and are to be fitted to corresponding successions occurring in disease.* *Aconite* causes both the chill and

* “The idea of similarity includes something more than the mere fact

the heat of fevers ; it is, therefore, homœopathic to fevers consisting of chill and heat, and in either stage. Teste also lays much stress on this point, insisting that *coffea* may be homœopathic when somnolence is present, and *opium* where there is wakefulness, if the opposite condition has preceded, and the other symptoms which characterise the *coffea* and *opium* re-action respectively concur.

Next Thursday I propose to examine that explanation of homœopathic cure which ascribes it to the opposite action of large and small doses.

CASE OF GASTRO-ENTERITIS, ILLUSTRATING THE ACTION OF ANTIMONIUM TARTARICUM.

BY D. DYCE BROWN, M.A., M.D.

MRS. H.— was taken ill on the 1st of July, 1876, with shivering, followed by fever, severe vomiting and purging. She was attended by an allopath, but as she was getting no better, I was asked to see her on the 5th of July. I found her with an extremely rapid pulse. She said she was constantly sick, and had been from the first. The vomiting was now replaced by empty retching, and nausea was constant. Even a mouthful of cold water was at once rejected. She was tormented with great thirst. The profuse watery diarrhœa was still going on ; stools so frequent that she could not say how many in the day. There was marked abdominal tenderness. Tongue coated from tip to back with a *thick white smooth creamy coat*, the edges red. I put 5 drops of *aconite* ϕ in three quarters of a tumblerful of water, and into the same quantity of water, in another tumbler, 2 grs. of *antim. tart.* 1x., and directed a teaspoonful of each to be given every alternate hour. A hot poultice to be put on the abdomen, and no food whatever—not even milk, on account of the vomiting. Next day (6th) the pulse was normal, the skin moist and cool, the retching was quite stopped, and she had only occasionally a feeling of nausea. The diarrhœa had also completely stopped, and the feeling in the abdomen was that of soreness rather than pain. She had slept a good deal, the tongue

that for each symptom in the one group there is a like symptom in the other. It contains this additional element, that the relations of the symptoms to, and their dependence upon, each other, and their comparative intensity, must be alike in both groups."—(Dr. Pemberton Dudley, in the *Hahnemannian Monthly*, Nov., 1875.)

was almost clean. Omit *acon.* Pt. *ant. tart.* every 4 hours. Milk in small quantity and frequently. Wet compress to abdomen. 7th.—Had slept well. Nausea quite gone. Taking the milk regularly. Complained only of great weakness. Tongue quite clean, and rather red. I gave her *arsenic* 3x. gtt. ii. ter die, and allowed farinaceous food, as well as milk. From this time, except for the amount of weakness, which one would expect, she continued quite well.

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PRACTICAL JOTTINGS.

By DR. MORRISON.

DR. YELDHAM'S strictures on high potencies are so utterly opposed to the experiences of thousands of practitioners, that they appear to me to be worthy of a more practical answer than has been accorded to them in the letter of Dr. Berridge. Though not by any means exclusively a high dilutionist, I have observed results from high potencies which no practitioner in his proper senses could fail to acknowledge as drug effects. In proof of this assertion I adduce four cases, merely adding the remark, that the truth of the prescribing of high dilutions being a portion of true homœopathic practice, is evidenced by the frequency with which able symptomatologists chiefly use them, and the rarity with which an efficient prescriber of them becomes a renegade, either to their employment, or to homœopathy itself.

Agaricus muscarius.—Lucy S——, aged 8½, was brought to me on the 26th Sept., 1876, suffering from vaginal catarrh, slight choreic jerkings, and general impairment of health. The jerkings were in left arm and hand, and left lower limb. R *Merc. sol.* 12, t.d.s.

3-10-76. The discharge has almost ceased, but the jerkings have increased, with loss of power in both upper and lower limbs, left side. R *Nux v.* 1x. t.d.s.

18-10-76. General health somewhat improved, but the choreic symptoms continue. R *Nux v.* φ, t.d.s.

25-10-76. Decided improvement in appetite and appearance, but the jerkings rather increase, with dragging of the lower limb in walking. The left hand is so powerless that she drops almost every thing she attempts to lift, and she

cannot hold a book or materials for sewing. Five nights since she walked in her sleep. During sleep she starts, as if from dreams. She is listless, depressed, and irritable. Following out these indications, I prescribed, *R Agar. m.* 200th, t.d.s.

1-11-76. Decided improvement, though slight. Rep. *Agar.*

22-11-76. Marked improvement, especially in lower limb. *R Sulph.* 200th, t.d.s., one week; *Agar.* 200th, t.d.s., second week.

13-12-76. Can now use the hand fairly well. "She walks nicely again." Rep. *Agar. bis die.*

3-1-77. "Can cut her own bread and butter, and can do a bit of needlework." Less depression and irritability. Rep. *Agar.*

24-1-77. Chorea cured, but has offensive breath. *R Sulph.* 12 t.d.s.

7-2-77. Her sister reports that she continues perfectly well. It is quite possible that a low potency of *agaricus* might have cured this patient, but I know that a high potency did; and I have the greater confidence in the permanency of the results obtained.

Mercurius sol.—My own experience. For several years I was subject to severe attacks of toothache in decayed teeth, following colds. *Merc. sol.* 6 invariably relieved me, provided I took not less than six doses in quick succession. It occurred to me to try the 200th; to my surprise, not only did two doses promptly relieve, but the attacks occurred less frequently. Speaking with a chemist on the subject, he handed me a "fancy" potency—the 1000th. One dose allayed the pain, and that within two-and-a-half minutes. On two subsequent occasions I obtained a similar effect. The last was some four years ago, since which I have seldom had a tendency to a return of the aching. My imagination is hardly likely to be so vigorous as to cause these rapid cessations of pains so acute as to induce me to wish that all my molars were buried in the vaults of Jericho.

Opium.—Percy D——, aged four years, 28th April, 1871. For twelve months has suffered from increasing difficulty of respiration, which becomes spasmodic on falling asleep, whether day or night. This has increased steadily, notwithstanding treatment for repeated attacks of catarrh, and measures tending to improve the general health. Present

condition :—On falling asleep, inspires in long gasps, with intervals of scarcely perceptible respiration between. This difficulty has so increased that the rib cartilages are becoming flattened, and the chest deformed. The noise is much louder than ordinary snoring, so that it can be heard all over the house. Tonsils only slightly enlarged; indications of mesenteric disease, with swelling of cervical glands; profuse perspirations on sleeping, followed by dry heats; constipation, even for seven or eight days. Nostrils clear. *Rx Opium 3*, t.d.s.

1-5-71. No effect. Still the symptoms clearly indicate *opium*. *Rx Opium 200th*, one dose, at bed-time.

2-5-71. Respiration decidedly easier last night. Rep.

3-5-71. Still better last night. Rep.

4-5-71. Has catarrh. Rep.

5-5-71. Respiration more difficult. General condition not so good. Rep.

6-5-71. Feverish cold, for which he was treated. *Rx Opium 250*, one dose, mid-day.

7-5-71. Cervical glands swollen; has taken *phos.* 6, for cold and cough. Last night he respired more freely, notwithstanding the severe cold. *Rx Opium 350*, one dose, mid-day.

8-5-71. The parents report that he has passed a quieter night than for several months past. Respiration almost natural; less feverishness and perspiration, and general improvement. Glands still enlarged, for which *hepar. sulph.* was given. Rep. *Opium 350*, one dose, mid-day.

9-5-71. Respired easily last night. *Opium* omitted. *Rx Sulph.* 200th, three doses.

10-5-71. Respiration free till 10 p.m., when the old difficulty returned, though with less severity, and continued two or three hours. *Rx Opium 350*, one dose.

11-5-71. Respiration was again free during the whole night. *Rx Opium 500*, one dose.

12-5-71. Respiration continues free. Rep.

13-5-71. Respiration free, chest less contracted, general health much improved. Rep.

14-5-71. Still improving; went to service this morning, the first time for several months. Though still constipated, the motions cause but little pain or straining. Rep.

15-5-71. Indifferent breathing from 1 to 7 a.m. *Rx Sacc. lac.*

16-5-71. Respiration free last night. Rep. *Sacc. lac.*
17-5-71. Threatening of returning difficulty. R *Opium*
750, one dose.

18-5-71. Respiration less free last night. R *Opium*
750, night and morning.

21-5-71. Respiration indifferent the last two nights.
Less constipation; fæces improved in character. R *Opium*
200th, night and morning.

23-5-71. Slight improvement. R *Kali bich.* 3, night
and morning.

25-5-71. Improved. Rep.

27-5-71. Again retrograding. R *Opium* 500, one dose,
mid-day, daily.

30-5-71. The respiration last night was very fair indeed,
and better than the previous night. R *Opium* 1m., mid-day.

3-6-71. Respiration somewhat difficult, though much
easier than before commencing treatment. The general
health steadily improves. R *Opium* 1m., n. and m.

10-6-71. Every night there are short attacks of difficulty,
which gradually are becoming less and less severe. Rep.

16-6-71. Respiration natural; perspirations have entirely
ceased; glands greatly reduced; constipation almost gone.
R Rep. *Opium* 1m., daily, for one week.

NOTE.—Further treatment was not required. A sub-
sequent relapse, consequent on the throat having been
painted with iodine by an allopathic physician, for croup,
was cured by two doses of the 1m. potency. The father
of this child had suffered for several years from slight
nasopharyngeal obstruction (non-syphilitic). In reply
to a recent enquiry, the father writes, under date of Feb-
ruary 6th, 1877:—"Percy has had frequent returns of the
difficulty of respiration since the date you name, also of
croup, but only after taking cold, and when it has made
its first appearance, and immediate measures applied,
and by keeping him in bed, we have generally managed to
ward it off, so that it has attacked him in but a mild form."

Grace P—, aged seven years (an exactly similar
case, but farther advanced), has been under my care since
the 4th November last. This child had mesenteric disease
in infancy, and convulsions subsequently. Suffice to
say, that *opium* 6 produced no perceptible effect; *opium*
200th, promptly lessened the distress in breathing; and
that under the influence of *opium* D and 1m., she is now
convalescent. Should anyone be curious to know the

source of these higher potencies, I prepared them myself; carrying the dilutions from the 200th (tincture); and shall be happy to supply them for experimental purposes.

However "inconceivable" the quantity of matter in a high dilution, we can judge of its existence by its effects. That "the existence of matter in the 200th, or the 100,000th dilution, was not only inconceivable, but so improbable as to be practically impossible," is a strange statement for a public lecturer on homœopathy; equalled only by the advice to students, not to trouble themselves about high dilutions. I have observed physiological effects from the 200th potency; hence, I should personally be greatly obliged to Dr. Yeldham if he could define the point at which "medicinal particles no longer exist." Spectrum analysis proves that excessively minute quantities may give absolute evidence of their existence, even at remote distances. Therapeutical observations prove that they influence the living organism, and from the leaders of our new "School of Homœopathy" we should have no dogmatising on such an unsettled subject as "the dose question." Too frequently the experimental researches in regard to high potencies are similar to many allopathic trials of the lower dilutions. Based upon imperfect knowledge, they are both subject to frequent failures. The employment of low dilutions is an easier mode of practice than that of the high, even as the allopathic practice requires less exercise of brain power than the homœopathic. The results are again correspondent, for the practitioner who discards high dilutions, fails to cure many cases analogous to those in which Hahnemann met with his most brilliant success.

Let those who have not hitherto prescribed high potencies, test the preventive and curative powers of *belladonna* 200th in scarlet fever; of *camphor* 200th in nasal catarrh (taken immediately after each violent attack of sneezing); of *pulsatilla* 200th in rubeola; and of *variolinum* 200th in variola; and it will be strange indeed if the trouble requisite for the selection of cases to which their provings are homœopathic, shall be accounted labour in vain. Dr. Murchison, of St. Thomas's Hospital, adduces, as an evidence of the absurdity of homœopathy, an instance in which scarlet fever supervened in a patient fully under the influence of *belladonna*. Supposing this to have been a genuine case of scarlet fever, and not one of *belladonna* rash,

it merely furnishes another instance of inability to grasp the idea, that a disease should be met upon its own plane; in other words, that the potency of a drug should be in harmony with the susceptibility of the patient, the nature and indications of the disease, and the effects intended to be produced.

Albert Square, Clapham Road,
February, 1877.

STUDIES IN THE MATERIA MEDICA.

BY D. DYCE BROWN, M.A., M.D.

IV. ACTÆA, OR CIMICIFUGA.

(*Cimicifuga racemosa*; *Actæa racemosa*; *Macrotys actæoides*: Black snake root, bugbane, or black cohosh.)

ALTHOUGH this medicine is known by both names, *Actæa* and *Cimicifuga*, I shall keep to the name *Actæa*.

Actæa is an exceedingly interesting and valuable medicine. Its action is limited, but in its own sphere the indications are well-marked, and its therapeutic virtue is very considerable. Its sphere of action—pathogenetic and curative—is:

1. The cerebro-spinal nervous system. The prover falls into a state of general nervous restlessness, and uneasiness, moves about in a restless manner, not knowing what to do, and unable to occupy him or herself with any employment. A sensation of depression and tiredness is complained of, with aching uneasiness all through the body, as after over-fatigue. There are frequent nervous tremors, and jerking of the limbs at night, with a feeling in the morning as after a debauch, so that one person thought his state was only one remove from delirium tremens. There is an excitable state of the brain, or rather a state of want of balance; the prover is at one time merry and excited, at another depressed, anxious, and melancholy. Headache is one of the most constant symptoms. It is generally of a dull, heavy, pressing character, chiefly in the forehead or the eyes, extending up to the vertex, and there causing a feeling as if the brain had not room—a pressing *outwards* and *upwards*. The pain also extends down into the eyes, producing a heavy, dull, aching sensation in and behind the eye-balls. Sometimes the headache is occipital, extending up from behind to the vertex; with the headache vertigo

is frequent. We next find symptoms of "spinal irritation"—uneasy pain in the lower part of the back, with neuralgic pains proceeding round the body. The urine is much increased in quantity, and frequently pale and limpid, as one finds so commonly in nervous, hysterical women. Palpitation is felt, with weak, irregular pulse, and at night marked restlessness and sleeplessness.

2. The next great sphere of *actæa* is in rheumatism. We find in the back, in the neck, and in the upper and lower extremities very decided muscular rheumatoid pains, of a dull, aching, laming character; in the chest walls the muscular pains are very well-marked. We find, besides, that the joints are decidedly affected with rheumatoid pains—most of the joints in the body are thus implicated. The pain is generally of a dull, aching or laming type. The urine also, besides the abundant hysterical form already noticed, is in other persons found to have an increase in the quantity of urea, and to deposit copious sediments of uric acid. The heart also, as already stated, is affected with palpitation and uneasy sensations, while the pulse is feeble and irregular.

3. The third sphere of *actæa* is the sexual organs of females. The provings here are scanty, as is often the case, but those that are developed, taken with the extensive clinical experience of most physicians, show that it has a decided affinity for these organs. A state of inflammation of the uterus, with leucorrhœa, menorrhagia in some cases, and amenorrhœa in others is developed, with marked dysmenorrhœa. Its action on the muscular walls of the uterus is also seen in its effects on the pains of labour. The infra-mammary pain so common in uterine disorders, is also caused by *actæa*, with pricking pains in the mammæ, and the well-known sinking or "gone" feeling in the epigastrium, which is often found in connection with uterine disorders.

Besides these important actions *actæa* causes a mild form of mucous membrane irritation, as evinced by fluent coryza, dryness and clamminess of the mouth and throat, with tenacious mucus there, and a feeling of fulness in the throat and desire to swallow; a dry, tickling, laryngeal cough, with sensation of rawness; nausea and sinking feeling at the epigastrium; diminution of appetite, and feeling of fulness after eating. Colicky pains are also felt, and the bowels are rather inclined to be relaxed, or to

be alternately relaxed and costive. This latter state twice continued for a month after the medicine was stopped. The therapeutic indications are clear, and most of them have been fully confirmed in practice.

Let us now examine more minutely the symptomatology of *actæa*.

Mind.—The mental symptoms in the provings are few, but important. Taken by themselves they might seem slight and trivial, but they assume a different aspect when considered in association with the other portions of the *actæa* pathogenesis. As I have already noticed in my general survey of the action of this medicine, and as I shall have again to notice more particularly, *actæa* has a marked affinity for the female sexual organs, seems to affect females more prominently than males, and causes a marked disturbance of the nervous system, as shown by the restlessness, the irritability, the sleeplessness, and the headaches. Associating with this condition the mental symptoms, we are enabled to appreciate and indicate their therapeutic value. The special mental condition produced by *actæa* seems to be want of balance and of control, in consequence of which the person experiences extreme variations in the emotional sphere, ending in mental despondency and depression. Thus we find, "Feels grieved and troubled, with sighing; next day, a feeling of tremulous joy, with mirthfulness, playfulness, and clear intellect." "A sort of delirium, with an inclination to run over the subject on which he is reading." "Half-intoxicated feeling, with swimming of the head." "Miserable, dejected feeling." "In afternoon, depression and dulness." "Anxiety." The mind at first is clear, and afterwards becomes dull and heavy, with difficulty in fixing the attention on any subject.

Therapeutically, we should gather from this, that *actæa* would be useful in states of mental excitement and depression, especially where these alternate, and when this occurs in women, in connection or in sympathy with uterine disorders. For example, in puerperal mania, and states approaching thereto; in mental depression and disorder at the menstrual periods, and at the menopause. Such deductions have been amply verified by experience.

Head.—Few medicines in the Pharmacopœia so uniformly cause headache, as *actæa*. Along with the headache, vertigo is frequently complained of.

The headache is almost invariably relieved by going into the open air.

The *site* of the headache is chiefly in the forehead, over the eyes, extending into the temples and downwards into the eyeballs, and upwards to the vertex. The pains in the eyeballs are very prominent. On account of this latter fact, most of the symptoms in the section "Eyes" belong more properly to the headache symptoms, and must be considered along with them. We find the headache in the forehead, and over the eyes, noted eighteen times. Twice it is noted in the left frontal region and once in the right. Four times the pain occurred in the temples; seven times in the vertex, and three times in the occiput, once going up from thence to the vertex, and once through from the right eyeball to right side of occiput. Several times a feeling of general full uneasiness throughout the head is noticed.

In the eyes, besides the pains felt in the ridges over the eyes, which are included in the forehead pains, we find several provers notice a dull, aching, heavy, swollen sensation. Pain in the eyeballs is noted ten times. On several of these occasions the pain was very marked. Generally both eyeballs are affected, sometimes only one, and once the pain is spoken of as being not only in the eyeball, but behind it, "as if pain were situated between the eyeball and the orbital plate of the parietal bone." The character of the pain is as follows: when the general uneasiness through the head is complained of, it is of a dull, heavy, full, pressive character. Once it is stated that the head felt too large; and once that the "brain felt too large for the cranium; brain felt compressed." The pain in the forehead is almost always of a dull, heavy, pressive character, with a feeling of compression in temples, as if they would burst. The pain in the vertex is also of this dull, full, pressive nature, sometimes "aching" simply. The three following symptoms describe the vertical headache clearly: "After one hour, aching pain and soreness of the vertex, increasing to great severity; after two or three hours passing to the frontal part of the head, continuing all night, and depriving him of sleep." "Pain from the eyes to the top of the head; it seemed as if the nerves were excited to too much action, lasting three hours; under larger doses it lasted six hours." "Dull pain in the region of the moral organs; a pressing outward and upwards, as if there was not room enough in the upper

portion of the cerebrum (cranium?); this pain was very oppressive, and almost intolerable." In the occiput a sense of soreness was felt, much increased by motion. The pain in the eyeballs is described as "pain" simply, or as severe aching, or dull aching. Once the eyes "during the headache were so congested as to attract the notice of every one, although there was no disagreeable feeling in them." The manner in which this symptom is recorded shows that this was not conjunctivitis, but a concomitant effect of the headache. From this analysis of the headache symptoms, I may describe the character of the *actæa* headache as follows: a dull, heavy, full, pressive pain in the forehead, and over the eyes, extending sometimes into the temple; almost constantly down into the eyes, causing there aching pain, sense of heaviness, and congested feeling, and as frequently extending up to the vertex, with the same dull, heavy, pressive sensation as in the forehead, the pressure in the vertex being more outward and upward than inward. *Actæa*, although thus localising the pain, produces the same dull, heavy, pressive feeling, as if there was not enough room for the brain, all through the head. The frontal pain may be replaced by similar occipital pain, extending up to the vertex. Such headaches are those which we find so commonly in females, and are called nervous headaches, occurring at the menstrual or climacteric periods, or associated with uterine and ovarian disorder, and at other times also in persons of an excitable, nervous temperament. They also closely resemble rheumatic headaches. Therapeutically, then, these are the class of headaches in which we may expect to find *actæa* produce good results.

Eyes.—Besides those which I have thought it best to notice under the last section, we find a few special eye-symptoms. The pupils were decidedly dilated in three instances. Once vision is noted as being "very much disordered," but that is evidently in this case the effect of the "enormously" dilated pupils. Besides this, we find "dimness of vision;" "myopia increased;" "black specks before the eyes." We also find some persons experience a swelling and inflammatory pain in the eyelids. Those symptoms appertaining to the vision above quoted, read in connection with the headaches over the eyes and the aching in the eyeballs, may indicate *actæa* as being possibly of use in mild forms of congestion of the disc such as that produced by overstrain of the eyes.

Nose.—*Actæa* causes much more irritation of the nasal mucous membrane than one would have expected from the trivial amount of conjunctival redness, &c., produced. We find in the provings frequent sneezing, followed in a number of provers by well-marked fluent coryza. Twice it is noted that the discharge was profuse but greenish, and slightly sanguinolent. It might be worth while to give *actæa* in fluent coryza, accompanied by much headache, and aching in the eyes.

Face.—Twice the face is noted as being flushed. Pains, which look like rheumatoid pains, occur in the malar bones, and the upper and lower maxillary bones. The same sensation of outward pressure or lateral expansion, was noticed in the malar bones.

These observations suggest *actæa* as a remedy in rheumatic face-ache, when the pains feel as in the bones.

Mouth.—Here a slight amount of mucous membrane irritation is shown by a dry sticky state of the mouth and tongue, with the secretion of thick, tenacious saliva, and unpleasant taste in the mouth.

Throat.—Here also, in the fauces and pharynx, we find a mild form of mucous membrane irritation, causing a sensation of fulness, with desire to swallow, and a secretion of tenacious mucus. These phenomena are not sufficiently marked to give *actæa* a place among remedies for sore throat. Still we may remember that in nervous disorders there is often a clammy state of the mouth and throat.

Stomach.—The condition of the stomach is remarkably uniform in the provings. We find that nausea is frequently complained of, with occasional retching and vomiting. The most prominent sensation is that of faintness, sinking, or "goneness," at the epigastrium. With this there is loss of appetite, but not such as to prevent the person making a good meal. This again is followed by feeling of fulness in the stomach, as if too much had been eaten. These symptoms are frequently noted, and it is observed that while this gastric irritation is prominent in females, it hardly affects males at all. It seems to me that while there must be a slight amount of mucous membrane irritation, the condition is chiefly one of nervous disorder. The marked and interesting sensation of faintness or sinking at the pit of the stomach is well-known to occur frequently in females, who are suffering from any uterine disorder, or at the climacteric period. This, when accom-

panied by tendency to nausea, and feeling of repletion after food, will at once suggest *actæa* as the remedy.

Abdomen.—The symptoms here consist of colicky or griping pains, with flatulence. These give no special therapeutic indications, save that flatulent colic is a frequent accompaniment of nervous disorders, especially in the female.

Rectum, Anus, and Stool.—Here we find that in several of the provers there was a tendency to diarrhœa; the stools when loose are not watery, nor is the diarrhœa severe, but the stools are described as copious and papescent. In other cases a state of constipation resulted, and twice in the provings we find the very important symptoms of alternate constipation and diarrhœa, in each case lasting for a month after ceasing to take the medicine. This condition does not occur in the case of many medicines, and when present, seems to me to be not so much a mucous membrane irritation, but to be rather a form of nervous disorder. This view of the case, at least in regard to *actæa*, harmonises with what we know of its power of inducing disturbance of the nervous system. When this state of alternate constipation and diarrhœa is present, especially if occurring in a female, or a person of nervous temperament, and still more if associated with sinking at the epigastrium, and frontal headache, it will suggest *actæa* as one of the remedies likely to be of service.

Urinary Organs.—The prominent urinary symptoms are :
(1) A greatly increased secretion of pale, limpid urine.
(2) In other instances a copious deposit of uric acid and increased amount of urea. The former condition is that so constantly, or at least frequently, found in the nervous disorders of females, and forms an additional reason for the selection of *actæa* as the remedy, when the other symptoms correspond. The second state—that of increased amount of urea, and deposit of uric acid—indicates the rheumatic condition. One other record I pass by as useless. It is stated by one person that the urine showed “thousands of little fibres, about the eighth of an inch in length,” which, under the microscope, turned out to be fibrinous casts of the uriniferous tubes. This symptom is very properly marked by Dr. Allen with (!) Our observer here forgets that fibrinous casts of the tubes are not so visible to the naked eye as he seems to imagine.

Sexual Organs.—The symptoms appertaining to the

male sexual organs are *nil*. In the female it is otherwise. It is always difficult to obtain provings, other than scanty, of medicines which specially act on the female sexual organs. In the case of *actæa*, although the provings are thus scanty, clinical experience is extensive as to its value in uterine disease. This will be found fully given in Dr. Hale's work on the *New Remedies*, but as my aim in these "Studies" is simply to arrange, analyse, and elucidate the provings, so as to indicate what will be the therapeutic action of each drug as deduced from its pathogenesis, I refrain from entering on this field of information, and restrict myself entirely to what is given as the proving in Dr. Allen's work. All, then, that we find is "During menses, very severe down-bearing, forcing pains." "Taken unwell in the morning; wandering pain in back, and around through hips, inside, lasting all morning: quite severe at 10, when she was obliged to lie down; has never had so much pain during menses; flow more profuse since 5 p.m.;" "menorrhagia;" "suppression of menses." "Bruised, sore feeling in vagina." "Labour pains ceased entirely for thirty-six hours," in a pregnant woman from a full dose. Then, besides these, we find it recorded: "Leucorrhœa and chronic inflammation and congestion of uterus cured during the proving, while no other symptoms were observed on the provers until disappearance of the uterine disease;" and "Leucorrhœa of long standing cured during a week's proving." This latter symptom is put in brackets by Dr. Allen, as being doubtful.

From these observations we can gather but little, and we might be disposed to pass them by cursorily, were it not for the value which clinical experience has proved *actæa* to have in uterine ailments. The provings, however, show *actæa* capable of producing dysmenorrhœa, and consequently it will be of service in this affection. It is probably of the congestive type, if we may so judge by the cure of inflammatory symptoms during a proving. This case recorded above, though not strictly a pathogenetic symptom, is so marked, that we may safely say, as experience has proved, that it is one of the remedies to be relied on in the cure of chronic uterine inflammation, especially in women who present the other pathogenetic symptoms peculiar to *actæa*. The record of both "menorrhagia" and "suppression of the menses" may seem

contradictory and confusing, but it is quite possible that the same drug may cause both states; and in practice we see cases of well-marked uterine and ovarian congestion accompanied by either the one or the other condition. The presence, therefore, of either of these states along with uterine inflammation will indicate *actæa*. The notice of the "suppression of labour pains for thirty-six hours" is difficult to explain, unless it be that the large dose (one drachm of Squibb's fluid extract) had caused paralysis of the muscular contractility of the uterus. This I suppose, as in practice it is found that in moderate doses it increases and regulates the uterine action in labour. This proving, however, shows that *actæa* has a decided action on the muscular tissue of the uterus, and, judging analogically, from the muscular rheumatism which we shall see is so markedly caused by *actæa*, it ought to be of service in rheumatism of the uterus. Were fresh provings instituted in women, pregnant and other, there is every reason to expect a valuable pathogenesis.

Respiratory Organs.—The symptoms here are almost entirely laryngeal and tracheal. They consist of a short, dry, tickling cough, worse in the evening, and from speaking, with hoarseness, and a rough, scraping sensation in the larynx. These symptoms frequently occurred, and show the same condition of mild mucous membrane irritation which we have seen to occur elsewhere. They indicate *actæa* in laryngeal catarrh of a mild type, especially when the nervous element is prominent in the patient.

Chest.—The symptoms here seem to me to be entirely muscular, or neuralgic, and consist of pains of an acute, sharp, piercing, or catching character all over the chest walls; the pain being increased by taking a deep inspiration. Twice the pain is described as being in the right lung, but from the description of the pain—in one case diminishing gradually in two hours, and returning for half an hour next day—it is, I think, pretty evident that the pain was muscular. In a female prover there was a "catching" pain in the left side, just where the heart is." This is probably a neuralgic pain in the chest-walls. We find also pricking pains in the mammæ. This is probably a uterine symptom. These symptoms point out the power of *actæa* to produce muscular pains in the chest of a neuralgic or rheumatic character, and indicate it as a remedy in pleurodynia, and in muscular rheumatism of this part

of the body—this indication is amply verified in practice. The pain under the left mamma in females is a well-known symptom of uterine disorder, and judging from the production of this pain by *actea*, along with its marked effect on the nervous system and the uterus, we may look to this medicine as one likely to remove or relieve this symptom, a point also amply verified in practice.

Heart and Pulse.—*Actea* seems to have an action, though not so decided as many other drugs, on the heart. Its effect is to produce palpitation, with pain in the region of the heart, feeble and *irregular* pulse. These symptoms are frequently noted. The pulse is occasionally quickened, though not to any extent. Therapeutically, *actea* will be of service in the palpitation, with feeble pulse, which is so frequently found associated with the condition of body produced by *actea*, especially in females. This is probably its sphere, rather than in organic disease. We must, however, keep in view the rheumatic-producing power of *actea*.

Neck and Back.—In this region the muscular rheumatic pains of *actea* are well-developed. In the neck we find very marked rheumatism. The muscles in this part are described as stiff, with “cramping” and “rheumatic” pains, a feeling of stiffness and contraction. In the muscles of the dorsal and lumbar region, pains are frequently complained of—of a drawing, stitching, or dull character. Besides these pains there are others which seem referable to the spine, which are described as “back-ache;” “dull pain;” “lame, tired feeling,” relieved by rest and increased by motion; “feeling of weight” in small of back; “weak, trembling feeling in small of back;” “dull, heavy, aching in small of back, extending to the sacrum.”

Therapeutically, these symptoms indicate *actea* in muscular rheumatism of the neck—torticollis—and of the back, as in lumbago. Experience has proved it to be one of our best medicines in such cases. The other spinal symptoms referred to seem to be those of what is known as spinal irritation, a common affection in nervous females. The pains in the chest walls already noticed are possibly to a certain extent of the same origin, viz., spinal irritation, in which complaint we may expect benefit from *actea*.

Extremities, Upper and Lower.—Here we have three sets of symptoms. (1) Purely nervous. These consist of trembling in the limbs, and of the fingers; prover is “scarcely able to walk”; “an ‘uneasy feeling’ amounting

to 'almost an ache,' through all the extremities every time she took it, which would continue from one to three or four hours." The meaning of these symptoms will appear more clearly when I come to speak of "general symptoms." (2) Muscular pains of a rheumatic character. These are frequently noted, and occur in both arms and legs. Sometimes the pains are of a drawing character, or again are dull, aching, or cramping; or again accompanied by a feeling of numbness in the part (the arm). Thus one prover writes: "Severe pain in the arms, with a numbing sensation, as if a nerve had been compressed. These pains were first felt in the shoulder, and passed down the arm, and then the forearm, producing a very peculiar lame, numb, and sometimes cramping sensation. Similar pains in the legs, but more severe and constant in the upper part of the thigh, about the hip-joint and inguinal region. Slight rheumatic pains all next day." "Feeling in foot as if it had been compressed." These symptoms give further indications of the use of *actæa* in muscular rheumatism, especially when in the arms or legs the pain is accompanied by this numb feeling. (3) We find well-marked indications of the power of *actæa* to produce rheumatic pains in the joints. Sometimes the feeling is of stiffness and of lameness, as in the following proving: "In morning, his joints felt, on motion, as if he had laboured exceedingly hard the previous day; joints felt stiff a day after." In the other provings, there was pain in the elbows and wrists, with "lameness and inability to flex the second finger of left hand." Pains are also felt in the knee, the ankle, and the toes. Thus, "rheumatic pain in knee-joint." "Sharp, wandering pains in left ankle." "Excruciating pain in left external malleolus and left forearm." "Pain in right great toe." "Dull, burning-aching pain in second joint of right great toe, extending up the limb, continuing an hour, from 8 to 9 p.m. The same pain at the same time next evening, but not extending up the limb. The same pain, less severe, on the third evening." "Stinging of left great toe for a few moments on the lower surface, and afterwards on the upper, in the afternoon."

The occurrence of such unmistakable joint pains point to the homœopathicity of *actæa* in rheumatism of the joints, as well as in the muscular form of it. This has not been sufficiently utilised in practice. It probably will be specially useful in subacute or chronic rheumatism of the joints,

occurring in nervous females, and causing restlessness at night, and general nervous disturbances. In connection with the rheumatic symptoms of *actæa*, its disturbing influence on the heart will also be remembered.

General Symptoms.—These are very interesting and important. The prominent condition is general nervous restlessness. The provers feel fidgety, turn about in an uneasy, restless manner, not knowing what to do, and not able to fix their attention on any occupation. There is a general nervous uneasiness or unrest felt through the body. Nervous shudders or tremblings are produced, with jerkings of the limbs at night, obliging the prover to change his position in bed. There is a feeling of tiredness, and exhaustion, as from over-work; a sinking sensation, and a feeling of general indescribable malaise, which more than one prover describes as similar to the sensations of those who “spree” the previous night. One prover records as follows: “Sick all over; so weak and trembling as not to be able to go out or study; believes the condition to be but one remove from *mania-à-potu*; next morning, weak and trembling.” Sometimes a general bruised feeling is felt. The left side is most affected.

Therapeutically, these symptoms point out *actæa* as a valuable remedy in (1) General nervousness, especially when the other *actæa* symptoms are present. (2) This general restlessness, uneasy feeling, with tendency to jerking of the limbs, indicates the use of *actæa* in chorea; the association of rheumatism and heart disturbance in the pathogenesis gives additional corroborative indications for its use in this disease. (3) In the nervous state following excessive drinking, almost approaching delirium tremens, *actæa* ought to be useful; here also the sleeplessness is a corroborative indication.

Sleep.—In the afternoons a sleepy feeling comes on, but at night this is reversed. The provers uniformly record that there was restless, disturbed, uneasy sleep, with frequent wakings. One prover complained, besides, of a restless feeling of heat prompting him or her to throw off the bed-clothes, though the thermometer was below zero. Therapeutically, *actæa* will be a valuable remedy in nervous restlessness and sleeplessness at night, more especially when the other symptoms of the medicine are present.

Skin.—The skin symptoms are trifling, and consist merely of itchiness on the back of the hands, with the occasional presence of pimples.

Fever.—*Actæa* does not seem to have the power of producing true fever. Chills all through the body, and a cold feeling early in the morning before rising is frequently complained of, with occasional flushing of the face, and tendency to cold perspiration.

Such is the pathogenesis of *Actæa* or *Cimicifuga racemosa*.

29, Seymour Street,
Portman Square, W.

HOMŒOPATHY IN NORTH AMERICA, AND THE WORLD'S CONGRESS AT PHILADELPHIA.

BY DR. CLOTAR MÜLLER.*

UNDER the above heading, Dr. Clotar Müller, who at the present time is perhaps the best-known homœopathic practitioner in Germany, has contributed to the *Internationale Homöopathische Presse*, a very lengthy and discursive article, in which he conveys his views and impressions of the state of homœopathy in North America in general, and of the World's Homœopathic Convention at Philadelphia in particular, to which he was sent by the *Central Verein* of Germany, as a delegate to represent the "Fatherland" at this famous gathering.

It is a most interesting and instructive article, one well worthy of perusal. In it we learn from the pen of one of the most prominent leaders of homœopathy in Germany, why it is that homœopathy has made very little progress during the last quarter of a century.

The World's Convention awakened in our respected colleague recollections of "dreams," which he, true to his German character, had indulged in during the days of the Congress at Leipsic in 1851, when, in the presence of a numerous gathering of homœopathic medical men from all parts of the globe, the statue of Hahnemann was unveiled and entrusted to the care of the city authorities, the successors of those who, in former years, had been so eager and successful in driving our master from their town.

In those days the physiological school of medicine had almost annihilated the old allopathic system in Leipzig and

* Translated and abridged from the *Internationale Homöopathische Presse*, by Dr. Süssé-Hahnemann.

its leaders, men of most consummate abilities and justly deserved popularity, lived with their homœopathic colleagues on the most friendly and social footing.

This happy, social relationship, induced, unfortunately, our friend Müller "to dream" that the old-fashioned, cumbersome, and lumbering homœopathic stage-coach, which he, in conjunction with his colleagues was then *slowly* driving, might be pushed up the hill by the physiological school, whilst they, the proprietors and occupants, could sit quietly inside and chat pleasantly through the windows with the outside workers.

Never before had the medical faculty of Leipsic inscribed so many students as between 1848 and 1850. They flocked from all parts of Europe to their famous University, to listen to the seductive lectures of those gifted men, of whom the physiological school of medicine might well be proud as their leaders; they were distinguished by their high scientific attainments as well as by their genial and charming social qualities. It is, of course, no fault of Müller or of his associates that they were not able to compete successfully with these popular professors. The humdrum routine of the Leipzig Homœopathic Poliklinik could have no attractions for the youth who had just listened with rapture to the interesting declamations in the allopathic lecture-hall. It thus occurred to Müller to float homœopathy on the tide of these great men, dreaming that our system might get a lift from the hands of his physiological friends, whilst he, with the rest of his colleagues, could keep their hands in their pockets and bask in the sunshine of those famous professors.

The writer of these lines was just then finishing his academical career, and having daily intercourse with these false prophets, only too often witnessed how homœopathy was ridiculed by them. These men never meant to befriend our cause. They never let an opportunity pass by without flinging a stone at us; by insinuations of every kind they undermined and poisoned the minds of the students, and whilst they were shaking hands with Clotar Muller and his colleagues, they were stabbing them in their backs.

Poor Müller, fascinated like the rabbit is by the hungry snake, wasted thus his precious time in dreaming instead of working, until all at once he was roused from his slumbers by being attacked by one of his physiological pseudo-

friends in such a ruthless manner that our gentle colleague was totally unable to defend himself; the great popularity of his antagonist inducing a very powerful newspaper, circulating mostly amongst the middle and working classes, to insert all attacks on homœopathy, and to refuse persistently every counter-statement which might in the slightest degree be in favour of our system or its representatives. Thus it happened, as Dr. Clotar Müller states, that not only the growth of young homœopathic practitioners was almost entirely cut off, but the general public also became alienated from our cause.

Arrived in America, our esteemed colleague saw all his dreams of former years realised; not, however, with the help and assistance of the physiological school, but in spite of it! He finds 5000 duly qualified medical men at the present time practising homœopathy; he sees Colleges and Universities dedicated to the teaching of our science; the public is deeply interested in its progress, and public authorities even vie with each other in supplying homœopathy with hospitals and dispensaries.

Undoubtedly the great success which homœopathy has attained in the New World must be ascribed to the fact that the Americans, after having thrown away a deal of useless rubbish, and thus lightened the burden, put their own shoulders to the wheels and pushed the modernised homœopathic stage-coach vigorously up the hill, the apex of which, Müller thinks, they have nearly reached.

Once more the old proverb, *If you wish anything to be done, do it yourself*, proves itself true.

A noteworthy feature in the homœopathic educational institutions of America is the system of supplying *all* the branches of medical science to the young student, one which, Müller believes, time will prove to be correct.

It is founded on the great success which large commercial firms have obtained by supplying their customers with every article they are likely to require.

When, formerly, a customer was obliged to go from one warehouse to another to get all his different wants satisfied, it was often found that trade jealousy succeeded in alienating him from one or the other firm; but by keeping him on the same premises until he had purchased all he required, both firm and customer were in the end benefited.

By adopting this system in the homœopathic Universities,

the immense advantages homœopathy attains are obvious. The attention of the founders of the School of Homœopathy in London is most respectfully drawn to this important point. Many a wavering mind is for ever alienated from our cause by listening to sarcastic inuendoes against homœopathy delivered in the allopathic schools of medicine. It is a notorious fact that even professors of chemistry or physiology avail themselves in this way of every opportunity to ridicule our method of treatment. Supply, therefore, the medical student with all the branches of medical science in your own schools, and you will soon find a perceptible increase in our ranks.

With regard to the Convention itself, Müller says that it possessed no claim to be called a World's Convention; for, although attended by over 400 medical men, the great majority of visitors came from the United States, a very few from Central and South America, less from England, one from Germany, and none from Spain or France, or any other part of the world.

Nevertheless, Müller considers the idea of holding a World's Congress of homœopathic practitioners a healthy sign of our vitality, and approves the unanimous decision to hold in five years' time another World's Convention in England, which, on account of the geographical position of London, he trusts will be still more successful, and more likely to justify its designation.

The arrangements for the discussions of the different subjects at the Convention are highly approved of by Müller, and he is obliged to confess that the Americans and the English possess a far greater ability in speaking than the Germans, a fact which he however partly attributes to the facilities the English language offers to public speaking.

The report concludes with a few remarks on the much-vexed question of the homœopathic dose, a subject on which there exists in America even a greater variety of opinion than is to be found in Europe. Müller is by far too shrewd to lay down a hard-and-fast line by which to be guided; thus much we learn, however, from his remarks, that he is no patron of the high and highest dilutions.

APIS MEL. IN NON-MALARIAL INTERMITTENT FEVER.

BY THOMAS NICHOL, M.D., LL.B., B.C.L.

MONTREAL, CANADA.

(Extracted from the *American Observer*, Sept. 1876.)

ON December 19th, 1875, I was called to see Madame O——, wife of one of our most distinguished advocates, said to be suffering from intermittent fever. She had been ill for six weeks, during which time she had been treated by very able and enlightened allopathic practitioners. She had taken *quinine*—in moderate doses, however, for our French Canadian physicians have a horror of the 96 grains in two hours which rejoiced the heart of Dunglison, the lexicographer, or the $7\frac{1}{2}$ grains every ten minutes, till 45 grains are taken, which is the very latest emanation from the German allopathic mind. Next, in desperation, *arsenic*, in the form of Fowler's solution, had been resorted to, but very cautiously; still without effect. Then *iron*, *nux vomica*, *ippecac.*, but all failed. *Opium* had been given as a matter of course, for your French allopath still believes with the medical candidate in Molière's famous play, that "opium causes sleep in virtue of its power to cause sleep," and sleeplessness was a marked characteristic in this particular case.

The morbid state, at the time I saw her, was as follows: Each afternoon, about three o'clock, a shivering chill commenced running down the back, and gradually spreading itself over the rest of the person. That curious symptom was present, "the hands seem to be dead," and this indication, which alone would suffice to bring *apis* before the mind's eye of the homoeopathic practitioner, was mentioned to me by the patient of her own accord. The chilliness was aggravated by warmth, especially by the heat of the fire, less by the heat of the bed clothes. The chilly stage was quite distinctly marked, and did not blend with the hot stage as in the *arsenicum* intermittent. After lasting a little over an hour the chill passed away, and was followed by violent burning heat, with flushed cheeks, and throbbing headache, but with little or no thirst. The sweat was less marked than the other stages, and at times a dry heat alternated with the slight sweat, or appeared

instead of it. I made a careful examination of the abdominal viscera, but could detect no change whatever in either liver or spleen, and as the fever originated on the island of Montreal, where true malarial intermittents are almost unknown, I considered it to be a case of true irritant intermittent fever, a true dynamic affection of the nervous system *not* caused by malarial poisoning.

I prescribed *apis mel.* 5th dec. trit., one grain every hour, and on the following day the attack was much lighter. On December 21st, it was hardly preceptible, and on the 22nd it had entirely disappeared. I watched the case till December 31st, when it was dismissed.

To Dr. Wolf, of Berlin, is due the credit of calling the attention of the profession to the value of *apis mel.* in intermittent fever. He says, "observations of this kind, which I have made under the most diversified circumstances, have taught me that *apis* is *the most sovereign remedy for all those morbid processes which we designate intermittent fever.*" "*Apis* is the universal remedy in intermittent fevers." Notwithstanding these sweeping assertions, the good doctor seems to be troubled with doubts, for, towards the close of his interesting remarks, he says, "I am unable to say whether *apis* will prove effectual against epidemic marsh intermittents, and if so, how the use of it will have to be modified. May it please those who can shed a light on the subject to communicate their experiences. Two other exceptions to *apis*, as a universal febrifuge, have occurred to me in my practice, *the development of fever and ague in poisoned soil, and fever and ague complicated with China-cachezia.*"

After a very extensive experience with *apis mel.* in intermittent fever, I am in a position to affirm that it will not often prove curative against the malarial intermittents, but that it unquestionably heads the column of the remedies with which we combat the non-malarial intermittents. With this important qualification, I cordially agree with Dr. Wolf's concluding remark—" *The thoroughness of this treatment of intermittent fevers, is proved by the fact, that no relapses ever took place, or that no secondary diseases were developed.*"

REVIEWS.

Homœopathy. A Letter addressed to a friend. By GEORGE HILBERS, M.D. London: Smith, Elder & Co., 15, Waterloo Place, 1876.

THE substance of this letter was, we are told, written to a friend who was in great distress and perplexity of mind in consequence of the illness of one near and dear to him; added to which he was worried with the unseasonable reproaches and remonstrances of those about him who were incessantly speaking disparagingly of homœopathy, and urging him to give up the only treatment in which for many years he had felt any confidence. To assist in guiding his friend Dr. Hilbers addressed to him the "letter" before us. He has now published it, because he has met with three or four instances among private friends where ill results have followed the abandonment of homœopathic treatment, the folly of having yielded to unreasoning clamour has been keenly regretted, and heavy self-reproach has painfully embittered the sad recollection of the past; and also because he has observed that the terrorism referred to is by no means on the decrease, and in many instances has been easily traceable to medical inspiration.

The following passage forms a good example of Dr. Hilber's style both of writing and argument:—

"I begin then by advising you carefully to consider who and what manner of persons they are who set themselves so strongly against homœopathy. Ask them what practical knowledge they have of the system, and try to ascertain whether their opposition is based on personal experience or on mere prejudice, and on the dislike which many persons have to believe in anything which they do not understand, or of which they are more or less ignorant. If your assailants are medical men, make them tell you *specifically* what steps they have taken to warrant them in speaking with any authority on the subject of homœopathy. Have they carefully studied the writings of Hahnemann or of other distinguished homœopaths? Have they themselves tried, or have they seen others try, any fair and careful experiments in order to test the value of our remedies? Have they visited one or more of the Continental hospitals where the system is *exclusively* practised? If they have done none of these things, but simply fall to denouncing the whole thing as 'humbug,' and all the practitioners as 'impostors,' and so forth, you may safely turn a deaf ear to their impertinences, and rest assured that it is prejudice, and not reason, which guides their tongues."

After insisting upon the necessity for evidence of personal experience of the alleged worthlessness of homœopathy from non-medical assailants before listening to their appeals to

abandon it, and passing in review the experience of homœopathic practitioners, and the evidence of the positive value of homœopathically chosen medicines, Dr. Hilbers addresses his friend as follows :—

“ I ask you, as a sensible man, what possible object can the homœopathic practitioners have in trying to bolster up a fallacy ? They have studied in the same hospitals as the allopaths. They hold the same diplomas. They have as much right, and as much ability, to use every preparation in the Pharmacopœia as the most orthodox. Their knowledge of homœopathy is an addition to, not a substitute for the ordinary medical instruction as given in the schools. All their hope of success in life depends on their skill in curing the sick ; and yet it is presumed that men so situated wantonly and deliberately deprive themselves of the only weapons by which, if the allopaths are to be believed, the great majority of diseases can be successfully combated. Such an act of professional *felo de se* on the part of men who have to live and move and have their being among their sane fellow creatures is simply incredible.”

These brief extracts—we wish our space had enabled us to give more—will, we think, suffice to prove to our colleagues that in Dr. Hilber's *Letter* they will find a ready means of calming the fears of anxious friends, and of checkmating the intrigues of envious apothecaries and their agents. We advise all to procure, to read, and to lend it.

Hay-fever, or Summer Catarrh : its Nature and Treatment. By
GEORGE M. BEARD, A.M., M.D.

THE dedication of this work makes us acquainted with the fact that hay-fever must either be a frequently met-with disease in the United States, or one of much interest to a certain portion of its inhabitants. It is to the following effect : “ To the officers and members of the United States Hay-fever Association, the author respectfully dedicates this work.” We learn, at page 243, in a note, that this “ Hay-fever Association ” has been in existence only two years ; that it has a president, vice-presidents, advisory board, treasurer, corresponding and recording secretaries ; but we do not learn that much or anything has yet been done by it to throw light on the pathology or treatment of the disease which has given its name to it. But it has been in existence too short a time for much to be yet looked for from it, and we have a right to expect that the facts which it cannot help accumulating must, sooner or later, throw light on many of the disputed points of hay-fever. It is prepared to receive information not only from its actually existing members, but, as the fifth article of its constitution shows, from its defunct members !

That article is couched in the following terms:—"It shall be the duty of each member to report to the recording secretary the discovery of any remedy, source of relief, or exempt district which may come to his or her knowledge during their natural life, *and afterward, if permitted!*" The italics are ours, and the words italicised may, perhaps, not appear strange to an American, who may consider himself justifiable in utilising not only "airs from heaven," but "blasts" from another place, if thereby he can further the interests of his association. But we on this side of the Atlantic have not realised so thoroughly as our cousins the fact of a spiritual world and of our intercourse with it through the agency of mediums, and have, therefore, not yet got into the habit of turning to account—to scientific account at all events—information derived from that source. We feel disposed, accordingly, not so much, perhaps, to make a protest against the fifth article of the constitution of their Hay-fever Association, as to request it, the association, to let it be known in their transactions when the source from which the facts published in them is supernatural and when natural. We may be allowed to hope that this indulgence may be shown to the weaker brethren, among whom we class ourselves, who have not advanced so far into the region of the immaterial as have the founders of the "Hay-fever Association."

In the eighteenth volume of this *Review* will be found a notice of Dr. C. H. Blackley's work on hay-fever. We spoke of it in high terms, but not higher than it deserved. The opinion we expressed has been confirmed in many quarters, not only in this country but also on the Continent. In the second volume of Ziemssen's *Cyclopædia of the Practice of Medicine*, at page 542, is this strong testimony to the value of Dr. Blackley's researches: "The result of his labours is extremely important, because it puts beyond question the complete dependence of the disease upon definite causes." We heartily endorse these words. But so does not Dr. Beard, the author of the work under review. He has come to the conclusion that Dr. Blackley has committed the double error of generalising from an insufficient number of facts, and of "laying undue stress on the symptoms and peculiarities of his own case." He complains, also, that Dr. Blackley has not reported his case with sufficient fulness to enable the real nature of the disease to be determined. And he has also come to the conclusion that Dr. Blackley is wrong in attributing to the pollen of flowers and grasses the causation of hay-fever. In Dr. Beard's opinion the cause is not external but internal. In his opinion a morbid state of the nervous system is that cause; all other causes, among which he classes pollen and dust, are exciting ones only.

The work before us is written to prove the position that hay

fever is a neurosis, and we feel inclined to say that if Dr. Blackley has not succeeded in proving that the disease is owing to pollen, much less has Dr. Beard proved that it is owing to a morbid condition of the nervous system only. It must be granted that he has spared no pains to arrive at conclusions on the subject. He drew up a list of over fifty questions bearing on the disease and sent them far and wide through the "States." He collected and analysed the answers he received, and has now given us the result. But the great majority of his correspondents are not medical men, and their statements, therefore, are vague where they should be precise, and detailed and diffusive where particulars are not wanted. The author made what we are disposed to call a mistake in letting it be known in the circular he issued that a main object he had in view was to establish the connection between hay-fever and the nervous system. The fact is that he had made up his mind that the disease was a neurosis, and he found no difficulty in getting so-called facts from the answers he received to prove it, especially as he let his correspondents know that he wanted to prove it. As an illustration of the hasty way in which he accepts proof of the nervous system being the part concerned in the disease in question we may give a single illustration. A patient having hay-fever mentions the fact that she has also dyspepsia and back-ache, and that is considered evidence of the neurotic character of the disease!

Dr. Beard, we think, not only fails to prove that hay-fever is a neurosis, but also that it is a disease having three varieties, the early or rose cold, the middle or July cold, and the later or autumnal one. It may appear presumptuous in us who have not been in America making this assertion. It is possible that there are three varieties of the disease to be met with in the States. Our assertion is that Dr. Beard has not proved that there are in the work under review, still less that his varieties are three distinct diseases.

The following are some of the conclusions arrived at from an examination of the two hundred cases which came by personal observation or correspondence under our author's notice. We must give them without comment:—Hay-fever is met with everywhere in America, but especially in the Northern States; every age is subject to it; merchants are most obnoxious to it; it is hereditary; in a large proportion of the cases the family constitution was nervous, as also that of the patient; dust is the commonest exciting cause; patients are better in cool dry days and worse in thundery weather, and are relieved by residence among the hills or in large towns, or in an ocean voyage, or visit to Europe; more than half are benefited by treatment.

And as to this treatment, no specific medicine is mentioned by Dr. Beard, but he maintains that there is scarcely any case to be

met with which does not admit of cure, though he rightly attaches most importance to prevention. To quinine, arsenic, iron, and electricity he attaches most importance as remedial agents. He advocates, also, the use of local treatment in the shape of fomentations and the spray of the atomiser. The substances he makes use of for this treatment are, some of them, the same he suggests as internal remedies. They are quinine, camphor, iodine, glycerine, common salt, tannic acid, carbolic acid, and chloroform. He recommends the application of Chapman's ice-bag to the upper part of the spine for five or ten minutes at a time; the application of a wet handkerchief to the nose and mouth when exposed to dust or other exciting causes of the disease; and the "head-bath," which means the holding the head, covered by a shawl, over a bowl of hot water for a few minutes when the nose is sore and the discharge profuse. Dr. Beard has much faith in what in America is known as cold-powder. Its composition is the following:—Camphor dissolved in ether to the consistence of cream, five parts; carbonate of ammonia, four parts; and powdered opium, one part. The dose of this powder is from five to ten grains, and it can be taken internally or used externally.

Dr. Beard has something to say, also, on hygienic treatment, including the questions of diet, exercise, clothing, &c., but we have given enough to show that he has more faith than Dr. Blackley in the efficacy of different kinds of medicinal and preventive treatment. He grants, however, that he has found no specific.

There are many suggestions in this book which may be turned to good account by the student of the disease it refers to; but it is on the whole an unsatisfactory production. It promises more than it performs, as it leads us to expect more proof than it gives us of the efficacy of the different modes of treatment, more proof than it gives of the neurotic nature of the disease, and more proof than it gives of the three distinct diseases going by the name of hay-fever. It will be looked upon, however, as a contribution, a valuable contribution, indeed, to the literature of the disease, and one which must always be referred to by those who are anxious to know all that has been said about it.

NOTABILIA.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL

On February 1st Dr. Hughes began the lectures announced by him on *The Nature and Laws of Drug Action*. He explained that he had intended to have treated of drug action on the healthy as a subject *per se*, without direct reference to the practical application of the facts to the art of healing. When, however, he set

himself to the task, he found on the one side that it was too great for accomplishment in the time allotted to him, and on the other that the plan would exclude certain questions which he particularly desired to discuss. He determined, therefore, to confine himself to the action of drugs as medicines, especially as homœopathically-acting medicines; and to discuss phenomena, laws, and causes as they belong to this sphere, taking in the pathogenetic action of drugs only so far as it is related thereto.

This first lecture accordingly was devoted to the definition of the method of Hahnemann, and to an enquiry into its success, its comparative advantages, and its practicability. It was shown that there were two ways in which natural substances were ascertained to be medicines, and their sphere and kind of usefulness determined. These were the *empirical* and the *rational*; the latter being the method of inferring the place and power of a drug in disease from its behaviour when introduced into the healthy body. The well known three-fold division of the modes in which the knowledge of the pathogenetic properties of drugs may be applied was then expounded. Of these—the alloëopathic, the enantio-pathic, and the homœopathic—the last was shown to be unduly neglected; and the tale of Hahnemann's endeavours to make it the foundation of a creed and the root of a practice was briefly told. Enquiry was then made as to (1) its successfulness; (2) its preferableness to other methods; (3) its practicability. Evidence as to the first was adduced from two sources: (a) the extensive use and high estimation of the method in ordinary practice when disguised under other names, as "substitution" and "counter-irritation," both of which were shown from the testimony of their advocates to be nothing but a rough homœopathy; and (b) the growth and spread of the avowedly homœopathic school. The preferableness of the method was demonstrated by the argument that the remedies reached in this manner were of the class known as *specific*, and where we can cure specifically no other kind of medication can come into competition. The denial of the practicability of working the rule *similia similibus*, often made of late, was shown to arise from ignorance as to the physiological action of drugs, and many instances of the analogy between natural and medicinal diseases were brought forward.

On February 8th the rationale of homœopathic cure was entered upon, and the explanations of it which base it upon the primary and secondary action of drugs were examined. This lecture we are able to present to our readers in our present number. Next month we hope to give its successor, which went into the question of the opposite action of large and small doses as explaining the phenomena; and in May to print the concluding lecture, wherein the nature of drug-action as a whole was discussed.

EXCESSIVE INFANT MORTALITY AND MODEL NURSERIES.

Our energetic colleague, Dr. Roth, has recently issued a circular having this title, for the purpose of drawing public attention to the best means of preventing the recurrence of such a catastrophe as that which has lately made the Convent in Carlisle Place, Westminster, so notorious. After giving the statistics which have displayed so frightful a mortality among the infants there, Dr. Roth asks the question, "*Why do so many infants die?*" His replies are as follows:—

"I. Because they are the children of people who are ill and suffering from hereditary diseases; they are the offspring of improvident, very destitute, and drunken parents.

"II. Mothers, and women in general, are usually most ignorant of the practical and rational management of babies and infants; an ignorance which is shared by many professional men, who are taught to cure, but not to prevent, disease.

"III. Mothers in better circumstances consider the discharge of their most sacred duty of nursing their infants as unfashionable, and are so ignorant as not to think that this neglect inflicts on their children life-long misery and injury, and later, on themselves much unhappiness when their children are ill, or die.

"IV. The majority of accoucheurs do not insist upon the absolute necessity of mothers nursing their own babies.

"V. The care and management of babies and infants are left in all classes of society to very ignorant and uneducated persons.

"VI. The majority of young medical men leave their schools without a practical knowledge of the rational management of infants.

"There are many other causes, as the use of opiates and soothing draughts, suffocation by overlaying, bad and unsuitable food, too large or too small a quantity of food, bad ventilation, want of cleanliness, etc., which increase the mortality of children."

"How," Dr. Roth proceeds to enquire, "*can the great mortality of children be diminished?*"

"The principal medicine is," he replies, "*Education*, the greatest enemy to the ignorance and prejudice, which play so important a rôle in the management of infants."

"As educated women devote themselves to the nursing of the sick, there is no reason why they should not devote themselves to the nursing of healthy children;—would it not be more gratifying to prevent many infants being ill, than to wait till they are sick, and then nurse them? There is a superabundance of female labour, and many an educated woman would find both useful and remunerative work in nursing healthy children."

On several occasions Dr. Roth has advocated the importance of physical education conducted on scientific principles, as essential to the welfare of the population. As a first step, he proposed at the Social Science Congress, held at Brighton in 1875, the establishment of *Model Nurseries*.

"A Model Nursery," he says, "should contain from six to twelve resident babies (either orphans or those whose mothers are unfit to nurse), who are to be reared according to rational principles based on the present state of science; a minimum of 500 cubic feet of air is to be provided for every infant, as well as a constant supply of fresh air;—in fact, ventilation, proper food, and the greatest cleanliness are the three principal and most important factors of such a nursery, which should serve for educated persons as a school where young mothers, adult girls, nursery governesses, and nurses could learn the theory and practice of rational infant management; while, in the Model Nurseries attached to the training Colleges, the future Schoolmistresses could be trained, and thus propagate this knowledge amongst all classes.

"At present a similar and first Model Nursery is being established at Brighton, and its sphere of usefulness will depend upon the amount of support accorded by a philanthropic public. Medical students should be obliged to visit such Model Nurseries. Thus, all persons having the care and superintendence of infants would be, in course of time, educated in the rudiments of the hygiene of infant life."

Too much praise cannot be accorded to Dr. Roth for his patience and perseverance in urging upon the public the necessity of conducting the rearing, training, and educating of children upon sound physiological principles.

We hope in an early number to be able to revert to the consideration of this important topic.

HOMŒOPATHY IN THE TREATMENT OF INSANITY.

At a recent meeting of the Homœopathic Medical Society of Albany County, New York, Dr. Paine read a statement having reference to the Homœopathic Asylum for the Insane at Middletown. The following is an abstract: "The sixth annual meeting of the Board of Trustees of the State Homœopathic Asylum for the Insane was held June 15th, 1876. The asylum is located at Middletown, Orange County. It has been open for the reception of patients two years. The original plan embraces five separate buildings, affording an aggregate capacity for the accommodation for six hundred patients. Only the central or administrative building has been occupied thus far by patients. The first of the four pavilion buildings adjoining has been com-

pleted, and on June 19th was opened for the reception of male patients. It is capable of accommodating one hundred and thirty patients. The removal of all the male patients from the central building furnishes room for twenty additional female patients. The administrative building was originally intended for the occupancy of the officers of the asylum and of convalescent patients. On account of the pressing demand for admission two years ago a few were admitted. The number of applications for admittance increased so rapidly that every available portion of space was soon occupied. On account of the over-crowded apartments a very important feature required in the successful treatment of the insane, viz., their proper and judicious classification, of necessity had to be almost entirely set aside. At one time only a few weeks since ninety-six patients were crowded into a building designed to accommodate only forty or fifty convalescent cases. Notwithstanding the detriment to convalescent patients and those suffering from the milder forms of insanity, by contact with violent cases, the ratio of cures to the number admitted has been very satisfactory. Of two hundred and twenty-three admitted *sixty-four* have been discharged cured, a percentage of 28.70. Seventeen patients have been discharged *improved*, a percentage of 7.62. Forty-nine have been discharged *unimproved*, a percentage of 21.97. This large percentage of unimproved cases has, of necessity, resulted from the admission, *for trial*, of an unusually large proportion of chronic cases. Eighteen patients have died at our asylum within the past two years, a percentage of 8.07. Seventy-five patients were under treatment at the asylum on the 19th of June. Eleven of them were so far restored as to warrant dismissal in a few weeks. The method of medical treatment employed is homœopathic. In not a single instance has there been administered in appreciable doses either morphine, chloral, bromide of potassium, or any of the so-called narcotic remedies."

DOMESTIC PHARMACY IN THE SEVENTEENTH CENTURY.

Mr. BADEN BENDER, writing in the *Pharmaceutical Journal* of the 18th Jan., says :—" An old manuscript receipt book, dated 1670, lately come into my possession, has interested me by exhibiting the pharmaceutical turn of an ancestor in the time of Charles II. A few of the formulæ may possibly amuse the readers of this Journal, and are perhaps sufficiently curious to be worth preserving.

' *An approved good watter for the jandies, or the collick, or consumption.*—Take a peck of garden snails and wash them in a great pan of beare, then make your chimney very clean and

power out half a peck of charcole and set them on fire, and when they are thoroughly kindled then with a fire shovelle make a greate hole and power in the snailes and scater some of the fire amongst them, and then lett them roste as long as you hear them make a noyse ; then take them out, and with a knife and corse cloth picke them and wipe all the greene froth of them very cleane ; then put them in a stone mortar and bruise them, shells and all. Take, alsoe, a quart of earth worms, slit them with salt, then wash and beate them in a stone mortar, and the pot being made very cleane upon wich you sett your limbeck, put them into it and about 2 handfulls of angellicoe layed in the pot, and 2 handfulls of sullendine upon that, then put in 2 quarts of rosmary flowers ; also, if you please, you may put in egremony, barsfoote, dock roots, the barke of a barberry tree, wood sorrell, bittany, rew, and fennell, half a handfull ; of fengreeke and turmereck of each an ounce ; of saffron well dried and beaten to powder the weaight of a sixpence ; then power in 8 gallons of the strongest ale you can gett, greate mesure, cover your pott, let it stand so all night in the place where you meane to put your fire in the morning, then put to them 8 ounces of cloues in powder before you put fire to it, put thereto six ounces of hartshorne grated to powder—before you put it in weigh it—you must not stir it after you have put in the heartshorn ; lett it goe to the bottom, then set on the limbeck and set it fast with rye paste, soe receive the water in a pinte glase ; the first is the best, and must be cepte by itselfe ; the last is the worst, the smalest, and may be mended by mingling them together. This water must be given in the morning to the patient, who must fast 2 hours after it ; it may be given betwixt meals. You must take 2 spoonfuls of the strongest with 4 spoonfuls of ale or white wine, and when you give the smalest you may give as much of that as of ale. You may draw six quart of water from this proportion of things.’

‘ *A pupye watter.*—Take a white pupye of 8 weeks or a month old, skin her and take out all her inwards, then wipe it very well within with a cleane cloth, then quarter her in 4 and take a quarter of her with a handfull of femitary, as much wilde tansy, a quarter of a pint of ants eggs, halfe a pound of fresh beefe thinly sliced ; then strow good store of beane blossoms in the bottom of your still, then the forenamed things, then some more beane flowers on the top, then a quarter of an ounce of camphor, soe still it lesurely. The rest of your whelp, with new ingredience, will make 3 stillfuls more.’ ”

WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

WE have received the first annual report of this Institution, and are glad to learn that under the fostering care of an influential

committee, and the efficient medical superintendence of Dr. Burnett, it is highly appreciated by the poor of Birkenhead. The number of cases prescribed for during the year was 2,585.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the period ending February 15th, gives the following statistics :—

Remaining in Hospital December 28th, 1876 ...	42
Admitted between that date and February 15th...	57
	—
	99
Discharged between Dec. 28th and Feb. 15th ...	58
Remaining in Hospital, February 15th, 1877.....	41
The number of New Out-Patients during the above time has been	846
The total number of attendances for the same period has been	2292

BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Ordinary Meeting of this Society will take place on Thursday, the 1st of March, 1877, at Seven o'clock.

A Paper will be read by Dr. DRURY, of London, entitled, "Inoculation and Vaccination."

THE LONDON SCHOOL OF HOMŒOPATHY.

We have received from the Honorary Secretary the following report of the progress made by this institution during the past month :—

"The Council have nominated, and the Committee have elected, the following officers.

"Dr. RICHARD HUGHES.—Lecturer on Materia Medica and Therapeutics.

"Dr. DYCE BROWN.—Lecturer on Principles and Practice of Medicine.

"Dr. J. GALLEY BLACKLEY.—Curator of the Museum of Materia Medica, and Librarian.

"A room, to be used as Lecture Room, Library and Museum, is already being built at the London Homœopathic Hospital.

"It is hoped that arrangements may be made to open the School of Homœopathy formally on May 1st, when it is anticipated that Dr. GIBBS BLAKE, of Birmingham, will deliver the Inaugural Address.

"Those practitioners of Homœopathy who have not yet enrolled themselves on the list of Medical Governors, and who desire

to do so, are earnestly requested to send in their names without delay.

"A donation of £5 or upwards, or a subscription of £1 1s. per annum, qualifies any legally qualified practitioner of Homœopathy to become a Medical Governor. A copy of the rules and a list of the Medical Governors, will be forwarded on application to the Honorary Secretary."

Subscriptions and Donations already announced, £1,963 15s. Od.

New Medical Governors, in addition to those announced last month.

	£	s.	d.		£	s.	d.
J. Cass Smart, Esq., M.D. ...	10	0	0	*E. T. Blake, Esq., M.D. ...	1	1	0
Süsse-Hahneemann, Esq., M.D. ...	10	0	0	Richard Epps, Esq., M.D. ...	5	5	0
*Jacob Dixon, Esq., L.R.C.P. ...	1	1	0	W.D. Butcher, Esq., M.R.C.S. ...	10	0	0
*Henry Wheeler, Esq., L.R.C.P. ...	1	1	0	*E. Wynne Thomas, M.D. ...	1	1	0
*J. Gibbs Blake, M.D. ...	1	1	0	*E. M. Madden, M.B....	1	1	0
*S. Morrison, Esq., L.R.C.P....	1	1	0				

New Subscriptions and Donations.

	£	s.	d.		£	s.	d.
A Warm Approver of the School ...	500	0	0	Geo. Rosher, Esq. ...	1	1	0
Mrs. Morton ...	1	0	0	*"C. E. F." per Dr. Yeldham	2	2	0
" (collected by) ...	1	0	0	Miss Eyre ...	1	1	0
R. Wasse, Esq. ...	0	10	0	Mrs. Morris ...	5	0	0
Mr. Brown ...	0	10	0	The Misses Gibbson... ..	1	0	0
George Rosher, Esq. ...	50	0	0	R. Porter, Esq. ...	5	0	0
" ...	5	5	0	The Misses Williamson	5	0	0
T. Jones Gibbs, Esq. ...	200	0	0	The Misses Wingfield ...	2	2	0
Miss Page ...	1	1	0	E. T. Goodwin, Esq. ...	10	0	0
The Honble. Miss Spencer ...	5	0	0	*Mrs. S. Walbanke Childers ...	1	0	0
*Mrs. Simpson ...	1	1	0	*Miss Rosher ...	1	1	0
*Mr. F. Allahom ...	1	1	0	Miss Dent ...	1	1	0
*Miss Abbs ...	1	1	0	E. H. Bennett, Esq....	3	3	0
The Rev. W. Harris ...	1	1	0	Genl. Clarke (per Dr. Pope)...	5	5	0
*Mrs. W. Herbert ...	2	2	0	*Miss Pfeil ...	1	1	0
F. Flint, Esq....	10	10	0	Miss M. A. L....	5	0	0
Rev. E. Baylis ...	10	10	0	A. S. Findlater, Esq. ...	10	10	0
J. W. Sherriff ...	2	2	0	*Messrs. Keene & Ashwell ...	2	2	0

* Indicates annual subscriptions.

CORRESPONDENCE.

HOMŒOPATHY AND INFINITESIMALS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the January number of your journal, No. 1, Vol. 18, you make a statement on page 5. You there say: "We have seen, and lamented to see, that tendency to exaggeration, and that desire to 'whip creation' in the direction of infinitesimal doses, which has obtained more widely among our American colleagues than elsewhere, and which, wherever it appears, is the bane of true science. We do not believe for one

moment that the backbone of American homœopathists is less annoyed than we ourselves are at this pseudo-Hahnemannism, this homœopathy run-to-seed, which some of their compatriots profess." And, again on page 6, you say: "Homœopathy was unfortunately handicapped at starting with the maintenance of the globule as the form of exhibition, and the 80th dilution as the suitable dose. The first was unnecessary, the second was based on opinion and not on fact, and was, indeed, wrong at least in the proportion of twenty-nine out of every thirty cases; the one gave a convenient opportunity for ridicule, and the other proved a stumbling-block to conscientious enquirers. Both these inconveniences have long since disappeared, but their effects still live, as the terms 'globulism' and 'infinitesimalism' show."

You have made the following statements:—

1. That especially in America exists an exaggeration in the direction of infinitesimal doses.
2. Wherever this appears it is the bane of true science.
3. That these colleagues you designate as "pseudo-Hahnemannians," annoy you in England, and also your friends in America.
4. That homœopathy was unfortunately handicapped at starting with the globule and the 80th dilution.
5. That the globule was unnecessary, and the 80th dilution based on opinion and not on fact.
6. That both these inconveniences have long since disappeared.

These statements were made two years ago, and we have waited, with great patience, for evidence, for proof, for illustrations to show the correctness of these six "assertions." We have waited for two years, and hope not to be asking too much from the learned editors of the journal, if we undertake to give our individual views on the subjects involved in these six points. And if these views so expressed are not based on facts, if they are erroneous in part, or altogether, the learned editors may possibly feel an inclination to set us right. In the meantime we humbly ask to be heard.

COMMENTS.—Article 1. The disciples of Hahnemann, who, really and truly, had accepted his teachings, had accepted the principles on which he had based the new healing art, and, with them, his advice how to apply them in practice, gradually and logically developed further the application of these principles. One of these developments was a gradually progressive potentiation of proved drugs. Korsakoff, and, later, Joehnichen, gave us higher potentised drugs—which you term infinitesimal doses. The question then asked, was—When does potentiation reach a degree at which the drug ceases to affect the organism?—at what point does it become inert? Joehnichen's infinitesimal pre-

parations were subjected to the only scientific task, viz., the actual experiment. The highest potency he had made was the 40,000th potency of *arsenicum*. The result of the experiment was, that these infinitesimal doses did not only cause an effect, but were more powerful in curing diseased conditions than were the lower potencies. There were a number of conscientious practitioners fully satisfied that the curative power of drugs was developed by potentiation, and the experiment was further pursued in this country by Dr. Fincke, and, later, by Dr. Swan. If there exists an exaggeration on the subject in America, I am not aware of it. For the last *thirty* years myself and others have relied upon the curative powers of the smallest obtainable doses of highly potentised drugs, in our daily battle with diseased conditions, and considered ourselves responsible for the results. The most infinitesimal doses were, at all times, sufficient to cure the sick, *provided* all the advice Hahnemann gave us respecting the application of the homœopathic law of cure were strictly observed; and when they are not observed, when they are superseded by therapeutics based on physiological or pathological speculations, then, of course, the deviations from homœopathy will be a bar to any success with either crude drugs or infinitesimal doses.

Article 2. The infinitesimal doses are the bane of true science ! Medical science comprises a (*scio*) knowledge how to cure, and if a number of progressive men have learned to cure with infinitesimal doses, have learned to cure better and quicker than they did before they employed these infinitesimal doses, it seems reasonable to say that they advanced science !

Article 3. The physicians, who have learned to cure the sick with infinitesimal doses, are, by you, termed pseudo-Hahnemannians. Why ? Because they have steadily developed homœopathy ? or, because they were successful healers ? Pseudo-Hahnemannians, according to our mode of thinking, are the men who merely accept the name of the school founded by Hahnemann, but who go back from him, and reject the essential principles of the school, who desire to introduce again the treatment of forms of diseases, and reject the theory of dynamics out-and-out. That these men of progress annoy you is not their fault ; why do *you*, who are so much annoyed by them, not try the experiment ? Should you communicate the results of such experiments, it would very soon become self-evident to you that you either succeed, if the experiment is duly made, or that your non-success is really caused by your misapprehension or misapplication of the practical application of our law of cure. It surely does not logically follow, that, because you are annoyed, the progressive men should return and join the hind guards. There has been no secrecy about all this ; for years past these pro-

gressive men have freely communicated, through the journals, their mode of curing the sick with infinitesimal doses; they have, again and again, asked their learned brethren, in the profession, who profess so much annoyance, to illustrate their claims. There is no answer. The friends of yours in America surely have no reason to be annoyed; there has been so much toleration practiced, leading men have claimed freedom of medical opinion and action, and the necessity of it, that all men *calling* themselves homœopathsists might be protected in that unlimited freedom of medical opinion and action; and if there are men calling themselves homœopathsists, or, better, homœopathsicians, who were students of Hahnemann's writings, and who accepted his teachings, and accordingly healed, and did not reject the time-honoured globule, nor the potencies from the 30th upwards, how do they now deserve to be called pseudo-Hahnemannians? Have these scoffers forgotten the history of the development—the introduction of homœopathy in this part of the world? Do they not know that the early pioneers of homœopathy had nothing to dispense than the pellet and the 30th potency? And these early pioneers introduced homœopathy, introduced it by showing the results of their practice. And it might be quite in place here to give a little sketch of the results of success, and how one of these now maliciously called pseudo-homœopathsists benefited the school by his success in practice. In the year 1844, was sent from the City of Philadelphia, by the leading allopathic physicians, the then Chief Justice of the State of Pennsylvania, to his home, at Carlisle, Pennsylvania—to die. Your relator then resided there, and having introduced into the family of the late Chief Justice Gibson the new healing art, he was requested to see him. The judge was found on his back, not able to sit up on account of a very large swelling in the perinæum. On examination the large swelling was found to look black, began to fluctuate. The judge had been very much constipated, had chills at times, followed by fever. The diagnosis was a very easy one, and I fully concurred with the learned professors of the City, who had frankly told the judge that it was to be a fistula, and that the gangrenous look of the swelling foreboded a fatal termination. I did not agree with their prognosis. A few doses of *plumbum met.* 200 (Joehnichen) relieved all pains, and also the constipation. About five days later the swelling broke by itself, the discharge was of light chocolate colour, of the most intensely fetid smell. The gangrenous appearance of the exterior parts of a very deep fistula was, what the allopathists had anticipated, something *prodigious*. I now administered to the very weak patient *silicea* 200 (Joehnichen), a few pellets dissolved in half-a-tumbler full of water, every two hours—one teaspoonful. This remedy was

continued for a few days, till the secretion of the wound became much better. No medicine was given so long as the improvement continued, which lasted some three weeks. Later, it became necessary to give a few doses of *causticum* 200 (Joehnichen). The fistula completely healed—*never* again opened. A few years later a petition was issued asking the Legislature of the State of Pennsylvania to grant our School a charter for a Medical School to be located at Philadelphia. The Supreme Court of Pennsylvania was in Session at the State Capitol, Harrisburg, where also met the Legislature. I repaired from Carlisle to Harrisburg, with one of these petitions, found the Supreme Court in Session, and asked the Chief Justice to sign it; he did so, as well as the other four associated Justices, who by that time had all been under my care. This petition, with the five signatures alone to it, would have been sufficient to procure the charter, which was granted our School. And now, in the year of our Lord, 1874, I find myself classed among the pseudo-Hahnemannians.

Article 4. Was it an unhappy event that the Judge was really persuaded, nay, convinced of the superiority of our school? that he, while being cured of a grave disease by the help of the pellet and the bottle-washings of Joehnichen, that he then and there really did read the *Organon of the Healing Art*, by Samuel Hahnemann? That he, with his great intellect, accepted the teachings therein contained; that so convinced, he, with his great public influence, assisted us to procure a charter for a Medical School? If, then, the globules exercised so great an effect, why do you lament over them? The globules *alone* were used by the early pioneers, and I was one of them. We conquered the great prejudices of the people, *not* by compromises; nor were we in the least afraid of the ridicule to which we gladly exposed our globules. We appealed to the *results*; and they were so much in our favour that ridicule became harmless.

Article 5. And now I must contradict your statement flatly. The 80th dilution was based on *facts*, and there was no opinion about it. It is *your opinion* that the 80th dilution and all higher potencies are—moonshine. You are welcome to your opinion, but permit me first to appeal to the testimony of Hahnemann himself, who arrived at the 80th, and later (*vide* his preface to *Arsenicum*) at the 50th potency by the “*experiment*,” and there was also no opinion about it. Then I appeal to the testimony of a very large number of the present practitioners, who for a long time really cured all their sick with higher potencies. Can these facts be termed opinions? They *are* facts!

Article 6. The inconveniences of the pellet and the 80th dilution have long since disappeared. Really this is a bold assertion! The gentlemen who had boldly followed Hahnemann, termed

by you pseudo-Hahnemannians, with their pellets and higher and highest potencies, have long since disappeared! Nobody to annoy you any more—a happy family indeed. Now, Gentlemen, if Homœopathy, as taught and practised by Hahnemann and his followers, who accepted his teachings, and the honourable name of homœopathists, is true, it must be true from the beginning to the end. The law of the similars, the single remedy, and the minimum dose must be true, and if that is so, and if sophistry never was able to alter or change logic, then the late advances to change, annul, and alter the fundamental principles of Hahnemann's school, such as a demand for more pathology, or pathology and sick physiology as the basis for our therapeutics (advanced by Dr. Hughes) must be erroneous, because illogical. *Again*: When the time should come that the pellet and dilutions disappear, the school will be wiped out. *Again*: The backbone of Homœopaths in America, viz., the men who enjoy solely the confidence of the most intelligent part of the community, are the true followers of Hahnemann, by you called pseudo-Hahnemannians; that same class of men keep homœopathy alive in England. When you surmise that the backbone of the homœopaths in America consist of men who merely assume the name, but discard the principles governing our School, you are in error. Homœopathy was introduced into this country by strict Hahnemannians. Had the pioneers been guilty of the transgressions committed by the converted eclectics; had we sent prescriptions to the common drug shops; had we administered opiates; had we administered crude drugs; had we administered palliatives; had we in the least deviated from Hahnemann's teachings, we would have found no friends, we would have been discarded as faithless servants of the new healing art, because the early converts, like the early practitioners, read the *Organon*, read it well, comprehended it, and after admiring the excellent reasoning and logic of Hahnemann, they were prepared to try the successful experiment. Many of the early pioneer physicians, many of the early friends of our schools who intelligently accepted its principles, still live, they conjointly form the backbone of our School in America. It is very natural that these parties should annoy the healers who never read the *Organon*, much less practice homœopathy. The reformers backwards, who want to bring us back into a scientific adoption of pathology as a basis for therapeutics, of course pompously claim to be the stay of our School. These will disappear, just as they came. Homœopathy will fully be developed by this and coming generations.

Yours very respectfully,

AD. LIPPE, M.D.

Philadelphia, Jan. 1st, 1877.

MANDERIN-ISM.

IS MEDICINE A LIBERAL PROFESSION?

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Having sent to the *Practitioner* an advertisement announcing Dr. Richard Hughes' Course of Lectures for February, and also an advertisement of the "London School of Homœopathy." I received the enclosed note from the publishers—

"Macmillan & Co.,
Publishers to the University of Oxford,
29 & 30, Bedford St., Covent Garden, W.C.,
London, Jan. 22, 1877.

"Dear Sir,—We regret that for the future we shall not be able to insert your advertisements in the *Practitioner*.
Thanking you for past favours,

"We are, dear Sir, yours truly,

"MACMILLAN & Co.

"Dr. Bayes, 4, Granville Place, Portman Square, W."

On the receipt of this note I wrote enquiring the reason for the rejection of the advertisement. To my note I received the following reply—

"Macmillan & Co.,
Publishers to the University of Oxford,
29 & 30, Bedford St., Covent Garden, W.C.,
London, Jan. 27, 1877.

"Dear Sir,—We have declined to insert the Homœopathic advertisements in the *Practitioner* because a large number of the subscribers are opposed to them, and we do not think it well to insert advertisements of which they disapprove, more especially as such of them who wish for information on the subject can obtain it from the Homœopathic periodicals.

"We are, dear Sir, yours truly,

"MACMILLAN & Co.

"Dr. Bayes."

Lest it may be thought that there was something in these advertisements calculated to irritate the sensibilities of the readers of the *Practitioner*, I forward both.

That the allopathic readers and subscribers to the *Practitioner* should be able to enforce this piece of illiberal trades' unionism on the publishers to the University of Oxford is a grave satire on the boasted civilisation of the nineteenth century, and deserves a record in your pages.

Yours, &c.,

WILLIAM BAYES, M.D.

Advertisements rejected by the Practitioner:—

No. 1.

"LECTURES ON HOMŒOPATHY (instituted by the British Homœopathic Society). The following Lectures will be delivered during February, at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursdays at 5 p.m. Dr. Richard Hughes "On the Nature and Laws of Drug Action." Thursday, February 1st, "The Phenomena of Drug Action;" Thursday, February 8th, "The Laws of Drug Action;" Thursday, February 15th, the same (continued); Thursday, February 22nd, "The Nature of Drug Action." Medical men and students admitted by address card. Tickets of admission may be obtained on application to Dr. Bayes, Hon. Sec., 4, Granville Place, Portman Square, W."

No. 2.

"THE LONDON SCHOOL OF HOMŒOPATHY.—Founded December 15th, 1876. *President*, The Right Hon. Lord Ebury; *Chairman of Committee*, The Right Hon. Viscount Bury, K.C.M.G.; *Treasurer*, Captain Wm. Vaughan-Morgan; *Trustees*, J. B. Crampert, Esq., Vice-Admiral G. T. Gordon, A. R. Pite, Esq.; *Honorary Secretary*, William Bayes, Esq., M.D.; *Bankers*, The Union Bank of London, Regent Street Branch, Argyll Place, W.

"The promoters of the London School of Homœopathy, believing that instruction in Homœopathic doctrines and practice is an essential part of a liberal and thorough medical education, desire to establish a School for the teaching of those departments of the art and science of medicine which are affected by the discovery of the Homœopathic Law. It is their intention to restrict their Courses of Lectures to these subjects alone, since the ordinary Medical Schools of Great Britain already supply all the teaching (except that of the Homœopathic doctrines) necessary for medical education.

"Rule II. provides—'That the objects of the School shall be to afford sound teaching of the principles and practice of Homœopathy, of its *Materia Medica*, its *Therapeutics*, and of their application in *Clinical Medicine*, to such members and students of the medical profession as may desire to be instructed therein.'

"Rule V. provides—'That the School shall provide—*Firstly*: Lectureships (a) on Homœopathic *Materia Medica* and *Therapeutics*; (b) on the *Principles and Practice of Homœopathic Medicine*; (c) such other Lectureships as may from time to time be deemed desirable by the Council

and Committee. Secondly: A Clinical Lectureship or Lectureships, to be filled by a Lecturer or Lecturers appointed from the medical officers of the London Homœopathic Hospital, or of some other Hospital or Dispensary in which Homœopathy is practised in a manner satisfactory to the Council of the School. Such Lecturers must be legally qualified medical men.'

"For further particulars, apply to the Honorary Secretary, Dr. Bayes, 4, Granville Place, Portman Square, W."

[We can but express our regret that a journal like the *Practitioner* should have sunk to the level of a mere commercial enterprise, and like the *Lancet* or the *Medical Times and Gazette*, refuse, at the dictation of subscribers, under, we may presume, the threat of a withdrawal of subscriptions, the insertion of advertisements such as those we have recited.]

NOTICES TO CORRESPONDENTS.

••. We cannot undertake to return rejected manuscripts.

Communications have been received from Drs. Bayes, Hewan, Blackley, Süsser-Hahnmann, Wyld, Drury, Yeldham, Smart, Vernon Bell, Roth, and Lawrence-Hamilton, London; Dr. Sharp, Rugby; Dr. Hughes, Brighton; Dr. Nankivell, Bournemouth; Dr. Nicolson, Clifton; Mr. F. Smith, Weston-super-Mare; Mr. Denham, Southsea, &c. Annual Reports of the York and Cambridgeshire Dispensaries.

BOOKS RECEIVED.

Clinical Index to Dr. Hughes' Manual of Pharmacodynamics. London. Homœopathic Publishing Company, 1877.

Facts about Sherry. By H. VITZTELLY. London: Ward, Lock & Tyler. 1877.

The Homœopathic World, February. London.

The Chemist and Druggist, February. London.

The North American Journal of Homœopathy. February. New York.

The Hahnemannian Monthly. January. Philadelphia.

The New England Medical Gazette. January and February. Boston.

Revue Homœopathique Belge. January. Brussels.

Bull. de la Soc. Méd. Homœopathique de France. December. Paris.

Allgemeine Hom. Zeitung. February. Leipsic.

El Criterio Medico. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. PRICE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

ON EXCESSIVE INFANT MORTALITY.

IN our last issue we noticed shortly a circular by our able and energetic *confrère*, Dr. ROTH, relating to this important subject, but a passing note is not sufficient in the face of such startling facts as have recently been brought to light.

According to the reports of the Registrar-General, 45 to 50 per cent., that is to say, almost half, of *all* infants born in Great Britain, die before they attain the age of five years. This is of itself a startling fact, and one fitted to arouse the attention of philanthropists, and of all interested in social science, to induce them to enquire into the causes at work in the production of this excessive mortality, and having ascertained these, to put into working order some practical suggestions for a reformation in the present order of things.

But such statistics are thrown into the shade since Dr. BALLARD's report of the mortality at the Carlisle Place Orphanage, which is attached to the Convent of the Sisterhood of St. Vincent de Paul.

According to this report, out of 489 infants received into this Institution, 402 have died; out of 53 infants received since January, 1875, 44 died in the Institution;

while out of 45 infants under the age of twelve months only one survived. We have not the official report beside us, but we quote our statistics from Dr. ROTH's circular.

Such revelations may well make the philanthropic public open their eyes, and desire enquiry. In noticing these statistics we do not for one moment hint at any neglect or carelessness on the part of the Sisters in charge of the Orphanage. The Sisterhoods of the Roman Catholic Church are too well-known to be devoted nurses to the sick, and to be examples to the adherents of other faiths of unwearying labour and tender care; and the Government inspector reports that no fault could anywhere be found, every care having been given to the children. Still the facts of this excessive mortality remain, and facts are stubborn things which must be dealt with. A Government inspection of all the orphanages in the United Kingdom, Protestant as well as Roman Catholic, is, meantime, being made, with the view of ascertaining whether such a mortality is the rule or the exception in charitable institutions devoted specially to the nurture and care of orphan and neglected infants and children.

This is certainly the first step in the right direction, and the results, affirmative or negative, will limit the sphere of enquiry, and point out, by comparing one such institution with another, what are the defects and the excellencies of each.

Meanwhile, let us enquire what are the probable causes of the high death-rate among young children, and in what way these causes can be obviated.

We shall take as our text Dr. ROTH's answers to his query, "Why do so many infants die?" as they point out the various evils to which are attributable the results we have to deplore.

In the first place, a great weight of responsibility in the matter lies at the door of the parents of the unfortunate children, and any efforts at amelioration must go further back than the treatment of the infants themselves. We refer to the physical condition and social habits of the parents. We do not mean to blame a man or woman because he or she is the subject of some hereditary taint which undermines the constitution, but we do say that such a person ought to think very seriously of the responsibility he or she incurs by entering into the state of marriage, and so, almost necessarily, being the means of propagating this hereditary tendency to disease, and increasing the number of weaklings—children who, in all probability, will be unable to earn their own living, and will become objects of charity. This is a matter too delicate for public legislation; the evil can only be dealt with by private influence, and the more general diffusion of knowledge in regard to health and disease.

Children born of parents, themselves weakly and bearing the evidence of hereditary disease, cannot fail to stand a poor chance during their earlier years in all the ailments they have to come through. They are almost *hors de combat* to begin with, and are ready to fall at the first onslaught of the enemy. Children of this type among the higher classes may be, and are often reared, like hot-house plants, by means of extreme and constant care, while among the poorer classes, where such uniform care is impossible, the plant dies with the first frost.

But it too often happens that, among the poorer classes chiefly, the evils of hereditary disease are greatly increased by the habits and mode of life of the parents. The debilitating effects upon the system of vice, especially of drinking, cannot fail to tell upon the children. For not only is the body debilitated by habitual drinking itself, but such is the power which

the habit gains over the unfortunate victim of it, that he allows everything to go to the wall in order to gratify his thirst for stimulants. Hence in the lower classes, we see miserable homes, half-naked inhabitants of them, and faces telling of semi-starvation,—all the result of the sacrifice of every comfort and every necessary of life to the insatiable craving for alcohol. If we add to the effects of hereditary disease the other evils of semi-starvation, improper food, want of proper warm clothing, and general filth, resulting from drinking habits, it is no wonder that children born in such circumstances should be so weakly as to be unable to resist illness, or even to continue in life at all.

Such causes of infantine mortality must be dealt with by society in a totally different manner from the other causes we are about to name.

These may be classed as causes arising from neglect or improper management, due either to ignorance or carelessness. Medical men only who are attached to dispensaries or the out-patient department of a hospital have any idea of the extent of the ignorance prevailing among the community at large, and especially among the poorer classes respecting the management of infants. Ideas of feeding seem to be very vague; improper food is given, and while in the lowest grades of society children are often underfed—in fact, half starved—we find, in a more elevated stratum, the opposite, and nearly equally prejudicial error of over-feeding. Children must suffer when they have not an adequate amount of nourishment, but they must also suffer when the stomach is constantly loaded with food in quality or quantity which cannot be digested.

Again, the necessity for personal cleanliness, free ventilation, clear ideas of the difference between foul air and warm air, and of the proper amount of clothing a child should have, are very far from being generally or properly

understood; while in children brought up by hand, the feeding-bottle is often the chief source of illness, and this from simple ignorance of the state in which it should be kept. These causes of disease in children are quite remediable—all that is required being a more general diffusion of knowledge in regard to the principles of the management of children, and of the practical detail necessary to carry out such principles. In the lower classes, where mothers are their own nurses, such knowledge must be diffused among them, while among the upper classes, where hired nurses take charge of the children, some means ought to be taken for the thorough training of such nurses before they are allowed to have the care of young infants. A cheap, untrained nurse is poor economy, while a careful well-trained nurse, or one who, with a good amount of common sense and long experience has trained herself, is well worth high wages and kind treatment. Of course it need not be said that the first requisite of a good nurse is that she should be really fond of children. Any woman who takes to nursing merely for a livelihood, and with no interest in, or love for children, will never make a good or trustworthy nurse, and had better take to some other department more congenial to her taste.

But not only among nurses and mothers is this ignorance of the proper management of infant life seen, but among medical students, and in consequence young medical men also. Students go through their college course, and obtain diplomas to practise, without, as a rule, a sufficiently detailed practical knowledge of this important subject. It is above all things requisite that the medical adviser be thoroughly acquainted with all the necessary detail of infant management, otherwise how can he detect the cause at fault in a case of disease? He may prescribe medicine after medicine with no effect, till some one else with a few

questions detects the cause of the illness in some ignorant piece of mismanagement, which, when rectified, puts the child in a fair way for the remedies to act.

The custom of allowing mothers to avoid their natural duty of nursing their own infants is becoming much too frequent. Of course there are cases when it is quite necessary for the mother's sake to relinquish nursing. But where this is not the case, where mothers are healthy and strong, it is doubly injurious to allow a mother to escape from this sacred duty. For, in the first place, it is better for her own health, and promotes her recovery after confinement, to allow her baby to have its natural nutriment; while in the second place, it is positively unfair to the child, and possibly prejudicial to its future health, to deprive it of the means of subsistence God has provided for it. We do not mean to say that many babies will not thrive beautifully when carefully hand-fed, or nursed by a *good* wet-nurse, and it is a comfort for mothers to know this, when the necessity for it really exists, but unless there is a real necessity, no medical man should allow a mother to escape the trouble of nursing without a protest on his part. Nursing is no trouble, but a positive pleasure to a woman with the feelings of a true mother. It may turn out that artificial food will not agree with the infant, and if so, and disease follow, where does the blame lie? This is a serious consideration for mothers and their medical advisers.

It is almost unnecessary to say a word in condemnation of a very fatal practice, which is chiefly seen among the lower classes—that, namely, of giving opiates, “soothing syrups,” and such-like “sedatives,” to children when they cry. Poor women often resort to this, when they are obliged to go out for the day, to keep their children quiet, or to drown their cries when they are ill. No practice can be more detrimental to a child than this, as it not only

injures its health and nervous system, but frequently ends up its short existence at once in a sleep that knows no waking.

Such being the many causes, direct and indirect, of infantile disease, and consequently of infantile mortality, the question arises—What is to be done?

Public lectures are all very well and useful in their way, but they are attended by only a comparatively small number, and these not, perhaps, of the class whom we want to reach.

The true remedy is the carrying out of Dr. ROTH's scheme for the formation of Model Nurseries, such as that which is being established at Brighton. Such model nurseries ought to be in every large town, and attached to every training college for schoolmistresses.

The model nursery should be able to receive a certain number of babies according to its size, care being taken that no more than the fixed number be taken in. The number which can be received will depend upon the amount of cubic space which must be devoted to each child. If the sleeping and day rooms are kept properly aired by ordinary care, the children will be thus ensured an ample amount of pure air—a matter of the first importance. Of course it is unnecessary to add that the strictest cleanliness must be enforced, and proper food given. The model nursery should be under the control of one lady, thoroughly educated in the management of children in health as well as in disease. Under her there ought to be a staff of lady-nurses, who should be previously trained in the same manner, or if received untrained, should go through a period of probation and training in the model nursery. As Dr. ROTH forcibly remarks, "As educated women devote themselves to the nursing of the sick, there is no reason why they should not devote themselves to the nursing of healthy

children ; would it not be more gratifying to prevent many infants being ill, than to wait till they are sick, and then nurse them ? There is a superabundance of female labour, and many an educated woman would find both useful and remunerative work in nursing healthy children."

With this staff of educated lady nurses, the nursery would be a model one indeed, and would be a centre of education for nurses in general. Once in working order, we should like to see the importance of educated nursing being so recognised as that it should be compulsory for young women who are being trained as schoolmistresses to go through a course of training in the model nursery. Although they might never have to act as nurses themselves, yet in the exercise of their school duties how materially could they add to the comforts of their children's homes, by rectifying defects when they see them, and by giving such valuable hints as might prevent much illness.

We also look forward to the time when a course of training in the model nursery shall be reckoned as necessary for the obtaining of a nurse's situation, as at present a "character" from a previous place is. Ladies in the upper classes who are both able and willing to pay for a thoroughly trustworthy and educated nurse, would be only too glad to get such a trained nurse, and to pay her well for her labour. Many a lady also, who may be in reduced circumstances, could obtain for herself a most comfortable home, have congenial occupation, and obtain the confidence and respect, nay, even the love of her employers, if she were thus to educate herself in the art of nursing. Far better this than obtaining a scanty livelihood by sewing or teaching.

Lastly, we look forward to the time when medical students shall require to produce a certificate, before qualification for practice, of a certain course of attendance at the model nursery. It would be a great advantage to

themselves in practice, and save them discovering for themselves by experience details of management which they ought to know beforehand, and it would be a still greater advantage to their little patients.

Such a state of things must come as social science progresses. We shall hail signs of its advent, and, meanwhile, we wish all success to Dr. ROTH's model nursery at Brighton, and trust that similar institutions will soon spring up in all directions.

ON THE RATIONALE OF HOMŒOPATHIC CURE.

II.—THE OPPOSITE ACTION OF LARGE AND SMALL DOSES.

Being a Lecture delivered at the London Homœopathic Hospital, Thursday, Feb. 15, 1877.

BY DR. RICHARD HUGHES.

IN my last lecture I began to consider the explanations of the *modus operandi* of homœopathic remedies which suppose them to be really antipathic in the system. The doctrines I examined on that occasion were those of Hahnemann and of Fletcher, both of which invoke for their purpose the opposite results of the primary and secondary actions of medicines, though differing widely in their conception of these actions, and in their application of them to the curative process. I found myself unable to accept either of these attempts at the rationale of homœopathic cure, and gave my reasons for rejecting them.

I have to-day to enquire into the validity of another set of hypotheses. These likewise declare that when we seem to be practising homœopathy, it is really antipathy we are carrying out; that while *similia similibus* is our principle of drug-selection, *contraria contrariis* expresses the facts of drug-action. But they find their contraries, not in the primary and secondary effects of medicines, but in their larger and smaller doses. They aver that small doses—those below a certain line of division special to each substance—have an action precisely the reverse of that of larger quantities; that the pathogenetic phenomena we seek to fit to the symptoms of disease are the effects of large doses;

so that, when we give a small dose of a similarly-acting remedy, it will necessarily exert an opposite influence, at the same seat and of the same kind, to the morbid condition present, and hence cure it.

Here, also, we have more than one advocate of the hypothesis, and as many conceptions of it as there are expositors. I will endeavour to set forth the views of each.

I. The first, so far as I know, to propound any idea of the kind was Dr. Bayes. In a series of papers entitled "Cure-Work," which appeared in the *Monthly Homœopathic Review* for 1869, and were subsequently published in his *Applied Homœopathy* (1871), he advanced the view that disease is always a negative state, a condition of debility; that specific restorative stimulation is the true indication for its cure; and that such stimulation is best applied by drugs acting upon the tracts, parts, or organs of the body invaded by the disease, such drugs being only to be discovered by proving them upon the healthy body. Further, that in such provings the large doses employed cause a depressed condition of the part affected, *all drugs being stimulants in small doses but paralyzers in large*; but that these very substances, when administered in small doses in conditions similar to those which they cause, will excite their specific stimulation therein, and thereby restore the part to its healthy state.

In a later presidential address delivered at the British Homœopathic Congress of 1875, Dr. Bayes somewhat modified his theory. He cannot now agree with Dr. Chambers that "disease, *in all cases*, is not a positive existence, but a negative." He thinks that "large classes of disease exist, whose whole phenomena are not satisfactorily explained upon the dynamic or adynamic theory alone;" and that, where it is so, Hahnemann's system fails to apply. He can only "claim for homœopathic therapeutics that they best guide us in the cure of all such diseases as arise from a want of balance between the functional actions of the various parts and organs of the body, and are characterised by pains and sensations." Within this sphere he maintains his former explanations, adding to his doctrine of disease that the depression he postulates resides in the nervous supply of the part affected—motor, sensory, or sympathetic, and that thereon also must the medicinal stimulation be exerted.

Now this is surely a very serious result to which we are

brought. If Dr. Bayes' doctrine be true, "large classes of disease" are excluded from the operation, at any rate the preferable operation, of the homœopathic law; and among these he specifies the infectious, contagious, and malarious diseases—*i.e.* (among others) the acute exanthemata and the continued and intermittent fevers. If, moreover, the facts about inflammation I have brought before you are valid, this process also must be excluded from the functional neurotic disorders for which alone he allows homœopathic therapeutics to be our best guide. Thus nine-tenths of acute diseases and a fair half of those classed as chronic are excluded by this remorseless theory from the range of the method of Hahnemann. We must scrutinise with some suspicion an hypothesis which brings us to such unwelcome conclusions.

We are told that all drugs are stimulants in small doses, but paralyzers in large. What is the evidence for this sweeping proposition? Dr. Bayes' chief instance, in both his utterances, is alcohol. Now I must hold that this substance is a most unfortunate one from which to draw inferences as to the action of drugs. Alcohol is not a mere drug; unlike these, it is oxidised and consumed in the body, very little of an ordinary dose passing out by the emunctories. This fact the experiments of Anstie and Dupré have conclusively established. It follows that alcohol is a supplier of force; and so far a food, and a rapidly acting one. This confusing element accordingly comes in whenever we regard its action as if it were a mere drug, and vitiates our inferences. I cannot, therefore, think that Dr. Bayes is warranted in assuming, because alcohol increases the arterial tone when lowered by fatigue or other depressing causes, while it diminishes it when given in health, that all drugs act in the same manner upon one or more of the three divisions of the nervous supply of the parts they affect. It is entirely an assumption (I use the word of course in a logical sense): he makes no attempt to argue it. But let us take such a drug as *strychnia*. In the moderate quantities in which it is ordinarily used it is what Dr. Bayes would call a stimulant, *i.e.*, an excitant of nervous function. But let it now be given in large, even poisonous, lethal doses. Does it depress? Nay; it excites still more potently, till it kills by the violent spasms it sets up. We give it homœopathically for such conditions of excitement and spasm, so that—upon Dr. Bayes' principles

—it must be called a stimulant in large doses, but a sedative in small. Or let us take a drug of another kind—*kali bichromicum*. Throughout the pathogenesis of this salt, throughout its clinical uses, I find no trace of either excitation or depression of nervous function: everywhere is displayed the irritation of organic substance which characterises it, and which makes it so valuable a remedy in many conditions of sub-acute and chronic inflammation—such as those, for instance, which the rheumatic and syphilitic poisons set up.

I submit, therefore, that there is no evidence that all drugs act dynamically by disordering nervous function, or that those which do so act are all stimulant in small doses but depressant in large; and hence that such supposed law of drug-operation is inadequate to explain homœopathic cure, and that we need not exclude more than half our practice from the range of the method of Hahnemann because it does not conform to the theory put forward to account for the success of that method. Dr. Bayes' own practice is the best antidote to his theory; for in the pages of his very useful book occur numerous instances of the beneficial operation of homœopathic remedies in those very morbid conditions to which he would make them comparatively inapplicable.

II. It will have been observed that the opposite action of large and small doses affirmed by Dr. Bayes belongs to two different regions. All drugs, according to him, are paralyzers in large doses when taken in health, stimulants in small doses when administered in disease. But at the meeting of the British Homœopathic Congress at Leamington in 1878, it was announced from the presidential chair that a number of medicines had been found by experiment to have this reverse action according to dose *in health*: and that here, assuming the same fact to hold good of all medicines, was the explanation of likes being cured by likes.

The occupier of the chair on this occasion, and the propounder of the view thus stated, was Dr. Sharp, of Rugby. The Address he delivered, and some subsequent papers from him on the same subject, may be read in the volume of *Essays in Medicine* which he published in 1874. His well-known "Tracts" are contained herein, and many other communications to journals and medical meetings: I can commend the whole to your best consideration.

Dr. Sharp maintains, as I have said, that all medicines

have two actions in health, according to the dose in which they are given—the effect of a large dose being the direct opposite to that of a small one. The dividing line is a shifting one, according to the drug used, and the individual experimented upon; but in all cases it is there, and constitutes a real point of transition between the two reverse actions. This (supposed) general fact he denominates *antipraxy*. When, accordingly, we give in disease small doses of a drug which in large doses has caused a similar condition to that before us, we are administering an agent whose influence is in direct opposition to the morbid state. He would call the process what it is, *antipathy*, reserving the name *homœopathy* for the principle of selection.

It will be seen that Dr. Sharp here avoids what I have ventured to describe as the untenable assumption made by Dr. Bayes, that all medicines are stimulant in small doses, and depressant in large. He affirms nothing as to the direction of action of large or small doses, but simply that they are opposite one to the other. Nor does his theory require (in terms) that all diseases to come within the range of homœopathic action must be merely functional derangements. So far he is not open to the objections I have made to the doctrine of his predecessor. But inferences quite as serious are necessitated by the position he takes up, as I shall now proceed to show.

First, if the power of medicines to cure diseases similar to those which they cause depends upon the dose in which they are given, no homœopathic cure is possible save with the minute doses with which Dr. Sharp gets his reverse actions in health, these being, as will be seen, in nearly all instances from one to three drops of the first centesimal dilution. Substantial quantities, such as are used in ordinary practice, could not cure morbid states like those which they cause, as they would be homœopathic to them, not in appearance only, but in reality; and antipathic action is required for real remedies. If this were so, there might be a satisfaction in finding our small dose more closely interlocked than ever with our principle by being the essence of its *modus operandi*. But I would point out that, upon this showing, all arguments in favour of homœopathy drawn from ordinary practice are invalidated. Hahnemann's collection of cures wrought by similarly-acting drugs in the introduction to his *Organon*, Dr. Dyce Brown's later series appended to Dr. Reith's pamphlet on *Homœopathy, &c.*

—these seventy instances in which disease-existing and disease-curing properties of drugs were seen as coincident, which Dr. Pope so triumphantly brought forward in his introductory Address to the present lecture session, are nearly all put out of court. The same thing would apply to Hahnemann's own cases published before 1800. They could not have been really homœopathic cures, for they miss the indispensable small dose.

A still more important consequence follows in the sphere of the physiological action of medicines. As none but small doses can effect homœopathic cures, so no symptoms of drugs can be used in homœopathising save those produced by large doses. When, in our existing pathogenesies, opposite effects are ascribed to the same medicine, these must be supposed to have resulted from different doses, and only those belonging to the larger doses to be available for working the law of similars. Dr. Sharp perceives and unhesitatingly adopts this conclusion. But he does not seem aware that a very large proportion of our pathogenetic material has been obtained by provings with what he would call small doses, representing indeed the least possible effect producible by the medicines; while, according to him, such symptoms are quite inadmissible for comparison with disease as likes to likes.

We have now to enquire into the basis of a doctrine fraught with such destructive operations. But before doing so, I desire to notice the manner in which the same theory has been brought before us by the editors of our excellent journal, the *Monthly Homœopathic Review*.

III. From the first enunciation of Dr. Sharp's views on this subject, the *Review* declared itself in their favour. In an article entitled "Similia and Contraria" in its number of April, 1874, it defended them against one of the objections raised to them by the *British Journal of Homœopathy* in the previous October. This paper, I imagine, bears traces of the style of Dr. Herbert Nankivell, who was then on the editorial staff. Subsequently, in 1875, the opposite action of large and small doses was affirmed as part of "the scientific basis of homœopathy;" and in 1876 the journal went as far as to say, that if it were not a fact, "farewell to the law of similars!" The "double action of medicines" was elaborately argued out in last year's volume; and both the present editors, Dr. Pope and Dr. Dyce Brown, have issued pamphlets on homœopathy,

under their own names, in which the doctrine is maintained.

Substantially, the putting of the *Monthly Reviewers* has been the same as that of Dr. Sharp. But they have lately shown a tendency to affiliate their views to those of the primary and secondary actions of medicines, as expounded by Fletcher. In Dr. Pope's introductory lecture last October this connection was fully enunciated. All disease was asserted to be a "modification of functional activity," and "every form of functional disturbance, howsoever arising," to be "traceable in its earliest phase to inflammatory action." This process was then described as Fletcher conceived it, viz., as consisting in primary contraction and secondary dilatation of the blood-vessels of a part. Drugs were next affirmed to act similarly to the causes of disease; and, like these, while pursuing one course, to have two stages of action, the one the reverse of the other; while "the degree to which each stage is developed is contingent upon the dose in which it is administered." "A small dose of a drug will set up the first or stimulating stage of inflammation," i.e., the contraction of the capillaries, "which will be more or less distinctly marked, while the second, or stage of re-action, will be scarcely, if at all, observable. If, on the other hand, a large dose is given, the first stage is but faintly marked, passes rapidly into the second—that of depression, and this alone it is which attracts the attention of the observer." "In disease, as it is presented to us at the bed-side and in the consulting-room, the primary and stimulated condition of parts has given place to that which is secondary or depressed," and which therefore resembles the effect of large doses of drugs. Give a small dose, accordingly, of the most similar remedy, and you will induce upon this depression a precisely analogous stimulation, and so cure the disease.

Now if this theory were sound, it would supply a missing link in Dr. Sharp's chain; it would show *how* large and small doses of drugs should have an opposite action, which at present is by no means easy to conceive in every case. But it is obviously open to all the objections I have had to make to the doctrine of Fletcher. All diseases are not inflammatory, or of the type of inflammation; inflammation itself cannot be set up by mere depression of the vaso-motor nerves; when it does occur, dilatation of the vessels is not necessarily preceded by their contraction, still less is a

necessary result thereof. Again, all drugs do not cause inflammation; those which do must act by irritating the extra-vascular tissue rather than by affecting the functions of the vaso-motor nerves; inflammation cannot be directly cured by contracting the blood-vessels of the affected part, and it would require strong and repeated doses of any drug to do so. It is the advantage of Dr. Sharp's doctrine that it keeps clear of all these theories of disease and of drug-action; it is, indeed, less complete thereby, but it is also less assailable. To it I now return, keeping the *Monthly Reviewers* before me only so far as they argue in its support or meet objections to it.

Let us enquire first what are the facts on which is based the doctrine of antipraxy—the thesis, that is, that all drugs have an opposite action on the healthy body, according as they are given in larger or smaller doses.

Dr. Sharp thinks that the experiments he has himself made with small doses are, when compared with the well-known actions of drugs in large quantities, sufficient to prove the doctrine. These experiments, so far as published, pertain to seventeen medicines, viz.: *Aconite*, *digitalis*, *phosphorus*, *spigelia*, *opium*, *veratrum*, *mercury*, *tartar emetic*, *bovista*, *plumbum*, *oleander*,* *belladonna* and *physostigma*,† *oxalic acid* and *chamomilla*,‡ *castor-oil* and *bayberry*.§ Each of the experiments is limited to the influence of the drug used upon some particular function, as will be seen by the following account.

1. *Aconite*, in doses of one or two drops of the first dilution, raised Dr. Sharp's pulse from 80 to 84 or 86 in two minutes, but by the fourth minute it had fallen to 78 or 76. In two or four drops of the mother-tincture it raised it in five minutes from 72 to 78, from which it fell in fifteen minutes more to 72 as at first.

Digitalis, in the first dilution, primarily lowered the pulse from 80 to 76, but subsequently raised it to 85. Two drops of the mother tincture raised it from 64 to 72, from which point it gradually returned to its original rate; while eight drops raised it from 72 to 76, but it did not return to its norm till after falling to 64.

Phosphorus, in the first dilution, caused a temporary rise of the pulse from 74 to 76, but it soon fell to 70. That in

**Essays in Medicine*, p. 714, 727. † *Ibid*, p. 770. ‡ *Ibid*, p. 787 and 789.
§ *Monthly Homœopathic Review*, xx. 745.

large doses it quickens the pulse he thinks evident from Hahnemann's provings.

Spigelia was also experimented with in the first dilution. The pulse rose under it on one occasion from 78 to 84.

Opium, at the same strength, and also in two drops of the mother-tincture, was always found to quicken the heart's action by from 2 to 6 beats. *Tartar emetic*, in doses of the hundredth of a grain, slightly lowered the pulse, and *oxalic acid*, in the twentieth of a grain, quickened it to a rather greater extent.

2. While proving *spigelia*, the respirations were observed to become slow and deep, falling as low as 6 in the minute, while their natural rate at the time was 17. *Tartar emetic* showed a similar action. *Bovista* is said to have raised the breathings from 17 to 22. "*Plumbum* first depressed them from 18 to 15, then raised them to 20. A second dose reduced them to 11, then quickened them to 23. *Oleander* first quickened, then lowered them, reversing the action of lead." The size of the dose of these last medicines is not mentioned.

3 *Veratrum album*, in the first dilution, has been found to cause constipation in a healthy man. The same result has followed half-grain doses of the first or second trituration of *mercurius vivus*, and two-grain doses of the same preparation of *castor-oil*. In all these instances it took some days to produce the effect, the medicine being given night and morning.

4. Two drops of the tincture of *belladonna*, rubbed over Dr. Sharp's eyebrow, will dilate his pupil; while if a solution of one part in five of water is applied, a slight contraction is produced. Two drops of *physostigma* are required to produce its well-known contracting effect, while one drop caused a decided dilatation.

5. The first dilution of *chamomilla* has been found to produce motions like those of a baby, *i.e.* (Dr. Sharp thinks) to increase the secretion of healthy bile. Larger doses (5 to 10 drops of the mother-tincture) delayed and diminished the evacuations, which were darker than usual. The first dilution of bayberry (*myrica cerifera*) acted like that of *chamomilla*, while its proving in full doses (as recorded in Hale's *New Remedies*) induced clay-coloured stools and other symptoms of jaundice.

This is the sum-total of the *data* given us by Dr. Sharp, on whose basis he has established his doctrine of homœo-

pathic cure, and on the strength of which we are to reject from the category all cases in which large doses were employed, and to refuse a place in our pathogenesies to all symptoms obtained from small ones. I must maintain that the foundation is a very narrow one, that a good many of the experiments are quite inconclusive, and that those which are of real validity are mostly susceptible of another explanation.

(1.) Let us take first the experiments on the heart's action. If any one will count his own pulse, or some one else's, for five minutes together, he will rarely fail to find some variation from minute to minute, ranging from three beats upwards. I should think that Dr. Sharp's pulse would be likely to have tolerably wide limits of oscillation, as its rate at the commencement of his experiments varied on different occasions from 64 to 80. Now all that he records of the action of small doses (that is, one or two drops of the first dilution) of *aconite*, is that, after a primary quickening, his pulse fell from 80 to 78 or 76. Yet, on the strength of this exceedingly slight variation, he lays it down that small doses of *aconite* depress the heart's action, and that hence comes the well-known power of the medicine in reducing fever. He mentions a case in point, in which the pulse fell in three days from 130 to 40 under the influence of the first dilution of the drug, and would have us infer that the latter acted in so doing in the same way in which it lowered his own pulse from 80 to 78 or 76!

The same slight extent of variation, and the same astonishing inferences, are made in the case of the other drugs which affect the circulation. The small dose of *phosphorus* lowered the pulse four beats only (74 to 70); those of *digitalis*, *spigelia*, and *opium* made it from two to six beats quicker. Yet to this trivial action of *digitalis* (if it be a real action) is ascribed all the value of the drug in feeble conditions of the heart, of which Dr. Sharp has given two excellent examples. The inconsequence of the inference seems too manifest for argument.

(2.) The changes in the rate of respiration which occurred while taking certain drugs—notably *spigelia* and *tartar emetic*—are interesting, and deserve further investigation. But, as no evidence has been offered as to any acceleration of the breathing from larger doses, the facts are irrelevant to our present question.

(3.) That under the influence of small doses of certain drugs, especially *veratrum* and *castor-oil*, which, in large doses are known to act as purgatives, constipation occurred is a sufficiently striking fact, and I would not deny its reality. But there are two considerations which must make us pause ere we accept it as evidence for Dr. Sharp's theory.

The first is, that there is no necessary opposition between diarrhoea and constipation. They may occur as alternating manifestations of the same condition of liver or bowels; or they may belong to two different spheres of vital operations—the large dose, *e.g.*, purging by irritating the mucous membrane, the small dose confining by diminishing the nervous and muscular energy of the intestines. A good example of the latter is supplied by the observations of Trousseau and Pidoux regarding *morphia*. They found that the salts of this alkaloid, when taken internally, not uncommonly caused diarrhoea; but that when they were applied by the endermic method, so as to avoid their local action, constipation was always produced. There was here no difference of dose.

Secondly, if the constipation resulting from small doses of *veratrum* and *castor-oil* were what Dr. Sharp conceives it to be, it could not be used as a homœopathic indication for the drugs. Yet this, in the case of *veratrum*, it undoubtedly is. Dr. Carroll Dunham has, in the essay I have mentioned, some remarks so pertinent to our subject, that I cannot resist reproducing them at length:—

"The efficacy of *veratrum*," he writes, "in the treatment of diarrhoea of an appropriate character is universally conceded in our school. And, in my own practice, *veratrum* has for many years past been a frequently used and highly valued remedy for *constipation* in persons of all ages, but especially in infants and young children, in whom, digestion appearing to be well performed, the evacuation of the fæces appears nevertheless to be impossible, because of the inertia of the rectum—a fact demonstrated by the circumstance, that a healthy stool can be procured almost at will by irritation of the rectum, as by the common practice of introducing into the anus a piece of soap, or an oiled paper, or a rubber bougie. We have here the apparent anomaly of the same remedy equally efficacious in diarrhoea and constipation.

"If we now analyse the prescriptions of *veratrum* referred to, we shall find certain constant phenomena characterising both the

constipation and the diarrhœa, and which would determine the prescription almost without reference to the excretion.

"The *veratrum* diarrhœa is uncontrolled and unnoticed by the patient, liquid fœces escaping with the flatus. Here we have a paretic and anæsthetic state of the rectum and sphincter. The *veratrum* constipation exists solely because the rectum does not perform its expulsive function, and is not, as nominally it should be, irritated thereto by the presence of fœces. Here likewise is a paretic and anæsthetic condition. But *veratrum* is not fully indicated in either case without the characteristic general symptoms: general depression of vitality; predominant coldness of the body; pallor, and cold sweat of the forehead, or of the whole body, on slight emotion or exertion, as, for example, on having a diarrhœic stool, or making the ineffectual effort to have a stool if constipated."

My own experience entirely coincides with that of Dr. Dunham as to the value of *veratrum* in constipation from rectal inertia; but I should set down its diarrhœa, like that of cholera, to depression of the splanchnic nerves. However this may be, the fact of its efficacy in constipation shows its power of producing this condition to be a true primary effect, available for homœopathic purposes, and not the mere opposite effect of a small dose to be used only in checking such a diarrhœa as that which results from a large one.

(4, 5.) The basis of Dr. Sharp's theory is now narrowed to the action of four drugs upon two functions of the body. As regards the opposite effects of large and small doses of *belladonna* and *physostigma* respectively upon the pupil, I would remark that the size of the aperture is determined by four possible factors, the state, namely, of (a) the iris itself as a muscle, (b) its blood supply, (c) its nerve-fibres received from the third and (d) from the sympathetic. The opposite action of large and small doses upon it may as evidently result from their influencing different parts of its regulating apparatus, as from their inducing a *plus* or *minus* state of one. Thus,—minute doses of *atropia* are thought by Rossbach and Fröhlich to contract the pupil by irritating the ends of the third nerve,* while I think it demonstrated that in full doses it induces dilatation by exciting the sympathetic. The apparently opposite effects of *chamomilla* and *myrica*, in different doses, upon the character of the motions is certainly an interesting fact. But it cannot be

* *London Medical Record*, i., 786.

worth much while it stands alone, the result in each case of a single experiment, and without sufficient evidence (without any in the case of the latter medicine) of curative power in accordance therewith.

I submit, therefore, that upon the *data* which Dr. Sharp has given us he is quite unwarranted in speaking of the opposite influence of large and small doses in health as "not hypothesis but fact," and calling its promulgation a "discovery." It seems at best an inference as to the action of all drugs drawn from certain phenomena of the action of a few, most of which phenomena readily lend themselves to another, and (as I think) a more plausible explanation.

A more numerous but less homogeneous array of facts are those marshalled in the *Monthly Homœopathic Review* of December last, in evidence of the double action of medicines. They are mostly taken from the results of experiments on animals. The opponents of the view are summoned to disprove them, one and all, if they dare to reject them. I began to endeavour to do so, *seriatim*, in the following number of the *Review*, but ceased when I had got through the first half-dozen instances alleged, suggesting that *e sex* we might venture *discere omnes*. I do not propose to weary you to-day by any detailed examination of the allegations made, but merely to bring before you certain general considerations calculated to embrace and account for most of the phenomena specified.

In the first place, I think we must exclude all facts relating to the action of galvanism, and of heat and cold. They have but an analogical bearing on questions of the operation of drugs, and had best be left alone for the present. Dr. Sharp himself agrees with me here. This shuts out the first four instances of the thirty brought forward by the editors. For reasons already alleged, moreover, I cannot admit *alcohol* to be a fair instance of a drug properly so called. Then, again, I must object to evidence derived from the primary and secondary actions of medicines, unless it is shown in each instance that small doses induce the primary, and large doses the secondary, almost or quite alone. I cannot admit the generalisation which implies this to be a universal law: Drs. Hering, Madden, and Hempel (to go no farther) maintaining just the opposite doctrine. Thus the facts mentioned about *aconite*, *opium*, and *hydrocyanic acid*, and also of the group *theine*, *caffêine*, *cocaine*, and *guaranin*, are put out of court. Lastly, I

have already argued in reply to Dr. Sharp that the production of diarrhoea and constipation by different doses of drugs is no necessary proof of opposite action. Under this category come the statements made about *arsenic*, *veratrum*, and *bryonia*. There remain eighteen medicines with whose action we have to deal, as exhibited by the editors of the *Review*, and I think that certain laws will be found to express nearly, if not quite, all of the facts alleged.

There is first the well-known fact that stimulation, if too prolonged, exhausts the excitability of the part to which it is applied, so that it ceases to respond even to the action of the natural stimuli which evoke its irritability. Hence, depression follows excess of functional activity. I have already cited this law to account for the primary and secondary effects of certain drugs. I have now to add, that the same exhaustion occurs at once if the stimulation be very excessive at the outset. Hence, undoubtedly, we may have primary depression resulting from large doses of substances which, in more moderate quantities, act as stimulants. Under this head are to be classed the facts alleged as to the diminished arterial tension following upon large doses of *atropia*, *daturia*, *veratria*, and *digitalis*. But I cannot allow that these facts have any bearing on therapeutics. Our provings have not been made with such excessive doses; so that the pathogenetic phenomena we seek to fit to the symptoms of disease are seldom the signs of exhaustion from over-stimulation, and the action of drugs chosen on the homœopathic principle receives no light from such toxicological phenomena.

Next, as to the instances in which secretions are increased by small doses of a drug, but diminished by large ones. As far as the biliary secretion is concerned this must be to some extent explained, I contend, by a very different conception from that which our editors put forward. All cholagogues in large doses act as purgatives, and thereby drain away the very portal blood on which the liver has to draw in bile-formation. But to this and all other glands another law applies. Drugs which excite their secretion must do so by stirring up the activity of the cells engaged in the process. Now this direct stimulation of cells engaged in secretion—a process so closely allied to nutrition—very readily passes on into inflammatory irritation, so that all the “stimulating diuretics,” for instance, as *cantharis*, *terebinthina*, *scilla*—ultimately inflame the kidneys. At

the smallest supervision of inflammatory action—even when we speak of “congestion” only—secretion, as is well known, diminishes; it is incompatible with the stasis of the circulation which then obtains. Under these laws come the effects of *belladonna* on the kidneys, and of *podophyllin*, *senna*, *scammony*, and *mercury* on the liver. It is obvious that in neither case can the opposite effects of large and small doses on secretion explain the action of drugs in remedying disordered conditions of the glandular organs.

Thirdly, by the supervision of inflammation is to be explained the fact that certain irritants which, when taken into the stomach in small quantity, increase appetite and digestive power, in larger doses impair both. It is thus with the *quinine*, *nux vomica*, and *iodine* mentioned in the article before us. With a slight difference, the same account is to be given of the phenomena which follow the local application of *alum*. In moderate quantity it acts as a chemical astringent, drying up the tissue; but its excessive or repeated application makes it a dynamic irritant, and inflammation with engorgement of the surface follows.

There remain only certain facts about the action of *chloroform*, *agaricus*, and *phosphorus*, which do not fall within the categories I have named. Those about the first two are trivial; the latter requires an examination on its own merits which I cannot give it to-day. But here again I submit that the analysis of the facts brought forward leaves a residuum far too insignificant to be a basis of a general doctrine. Instead of affirming that all drugs have an opposite action, according as they are given in large or small doses, I think we must simply say that under these circumstances some drugs exhibit opposite phenomena.

I am thus compelled to reject the reverse action of large and small doses as an explanation of homœopathic cure. I would gladly have agreed with its advocates, had it been possible, as I would have with those who maintain the doctrines of Fletcher examined last Thursday. All of them are my esteemed friends and valued colleagues, and it would have been a pleasure to have found myself on their side, instead of in the attitude of their critic. But “*amicus Plato, magis amica veritas*” is not less true for being trite. I trust they will pardon my presumption in differing from them, and will show me where I have been wrong, if I have been

wrong. One word only in conclusion upon the common thought in which they all agree, viz., that homœopathically selected medicines really act antipathically in the system.

It is curious that none of these writers seem to perceive that, if our remedies really act antipathically, they are open to nearly all the objections which we constantly make to such as obviously act on this principle, and are given in accordance therewith. We argue that such medication is palliative only, that it requires large and increasing doses, and (save in transitory disorders) persistent repetition, till at last the susceptibility of the part is exhausted, and it is in worse case than before. These considerations formed the third and fourth of the objections to Dr. Sharp's theory taken by Dr. Drysdale at our last Congress. But I submit that they equally apply to his own, and to every other explanation of homœopathic cure which supposes it to be really antipathic in process. The only advantage of arriving at antipathic action through homœopathic appearances is that we avoid the difficulty which so limits the other method, of finding an opposite to the disorders we have to combat. This is well put in the article in the *Review* for 1874 which I have ventured to ascribe to Dr. Nankivell. There are no opposites to many concrete diseases, or even to many symptoms, such as pains. But there are, and must be, opposites to the morbid state or states which lie at the bottom of these surface indications; there must be some reverse direction to that which the abnormal change has travelled, and along which the part may be conducted back to health. This thought seems as true as it is subtle; but I cannot admit that it is by forcing such retrograde movement upon disease that our small doses of similar medicines act. To calm the waves of an angry sea by an opposing wind from the shore would require a force and persistence on the part of such wind, at least equal to that of the original cause of the storm. But, not to enter upon such considerations at present, I wish only to bring before the advocates of these doctrines the fact that they are committing themselves to the antipathic method, with all its difficulties and objectionableness. They use *similia similibus* only that they may really employ *contraria contrariis*; they are logically bound to use the latter openly and at once whenever practicable. A mere "organopathy" would lend itself to the one method as readily as to the other. As they would all object to such a proceeding, and

feel it to involve serious loss, I would beg them to reconsider their view that they are really antipathists when they seem to be homœopathsists.

Next week I propose to consider the *data* we have for seeking to understand the nature of drug-action.

APOMORPHINE IN THE TREATMENT OF VOMITING.

BY J. GALLEY BLACKLEY. M.B. Lond.

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In 1873, in a paper on the "Physiological Action of Certain Alkaloids derived from Opium,"* I directed special attention to the very powerful action exerted by *apomorphine* upon the digestive system, and summed up its effects, so far as was then known, as follows:—

"Digestion—Qualmishness, nausea, vomiting, retching, convulsive movements of stomach, præcordial pain, salivation, diarrhœa (in cats)."

These effects were so marked in all the experiments made with the drug, both in man and the lower animals, it having "already proved a very serviceable emetic in cases of poisoning," that I looked forward with confidence to its proving at least equally valuable in the relief of the very symptoms given above. The evidence accumulated up to the present date, though scanty, is unequivocal, and affords a striking and satisfactory proof of the truth of the law of "similars."

Dr. Dyce Brown* in a paper upon "Apomorphia and Chloral" gives details of several cases where the former drug proved of signal service in the relief of vomiting; and the case published more recently by Dr. Yeldham† is still more striking.

In looking over my hospital case-books for the last twelve months, I find particulars of thirteen cases in which the drug has been given with more or less effect, and in many with decided benefit. I have thought it best to give every case, and to give simply the notes as they stand, although in those cases occurring in my out-patient

* *Annals of British Homœopathic Society*, vii. 42.

* *Ibid.* vii. 233.

† *Monthly Homœopathic Review*, Feb., 1877, p. 81.

room, the details of the cases are necessarily somewhat meagre. In the last two cases, however, where I have had the assistance of our resident medical officer, Dr. Wilde, the notes are fuller, and leave nothing to be desired.

CASE No. 1.

Annie F., æt. 15, shopwoman.

March 2nd, 1876. Complains of diarrhœa, preceded by colicky pains, after each meal. Stools watery and light-coloured, two or three in the twenty-four hours. *R Coloc.* 1x gttj. every four hours.

March 9th. Much better. Continue medicine.

April 6th. Diarrhœa ceased within a few days of her last visit. Complains now of nausea, with inclination to vomit after food of all kinds. Does not actually vomit. To have *Apom.* 8x grj. an hour before each meal.

Has not been to the hospital since.

CASE No. 2.

Annie A., æt. 10, schoolgirl.

March 16th. Has been under treatment since January for strumous abscesses of the cervical glands, for which she has taken *hepar sulph.* and *silica*. Is now complaining of occasional vomiting after meals, without any apparent cause, as the abscesses are nearly well, and her general health is much improved. To have *Apom.* 8x grj. morning and evening.

Has not applied again.

CASE No. 8.

Emma P., æt. 48, needlewoman.

March 20th. Six months ago had a very severe fright, which was succeeded by persistent vomiting, and this has continued without intermission to the present date. The vomiting occurs after every meal, of which a portion is rejected, sometimes accompanied by frothy mucus, streaked with blood. Menses ceased three years ago. *R Apom.* 8x grj. an hour before each meal.

April 8rd. Improving. Repeat medicine.

April 24th. Vomiting has entirely ceased. Bowels constipated. *Nux V.* 1x, a pilule ter die.

July 17th. Has a slight return of the vomiting, for which the house-surgeon prescribed *ipec.* 8x.

July 24th. Has experienced no relief. To resume the *apomorphine*.

July 31st. Vomiting has ceased again. Has slight diarrhœa, stools frothy and light-coloured. *Ipec.* 1x, a pilule every four hours.

Aug. 14th. Much better. Repeat medicine. Has not applied since.

CASE No. 4.

Sarah H., æt. 55, housewife.

April 8rd. Has severe sick headaches, with vomiting of bile at times. Ordered *apom.* 8x grj. ter die.

April 17th. Vomiting less. Is feeling better. Continue medicine.

May 1st. Improving. Continue medicine.

Oct. 9th. Has been free from vomiting until within the last few days. To resume the *apomorphine*.

Oct. 23rd. Vomiting has entirely ceased. Bowels irregular, being alternately constipated and relaxed. To take *Ac. nit.* 1 gttj. ter die.

This medicine she continued for a month, and has not applied since.

CASE No. 5.

Lucy F., æt. 57, housewife.

June 15th. Has been under treatment as an out-patient since December last for asthma of some years' standing, and has been much relieved by *arsenic* and *gelseminum*. Complains to-day of retching and vomiting of mucus at times, although the asthma is less troublesome than usual. To take *apom.* 8x grj. ter die.

June 29th. Improving. Repeat medicine. Did not re-appear at the hospital until November 16th, when the asthma was again becoming troublesome.

CASE No. 6.

Alfred M., æt. 42, glass-blower.

July 31st. Great nausea on rising, with occasional vomiting of food. Tongue white in centre and red at the edges. Bowels constipated. Has slight pain on pressure at the epigastrium, and complains of a feeling as of a heavy weight, after taking food. R. *Apom.* 8x, grj. ; 4tā quaque horā.

Aug. 14th. Seen by the house-surgeon: Symptoms much the same, with the addition of "heartburn" and pyrosis. *Nux vom.* 1x, a pilule every four hours.

Aug. 28th. Better. Continue.

Sept. 25th. Vomiting much more frequent, and accompanied by severe retching. In other respects continues better. Resume *apom.*

Oct. 9th. Vomiting and retching less. Continue.

Nov. 20th. Has had no vomiting now for last three weeks. Complains still of great heaviness at the præcordia after food. *Ignat.* 1x, a pilule ter die.

CASE No. 7.

R. M., æt. 85, copper mould maker.

Oct. 16th. Bilious vomiting. Tongue foul. Appetite poor.

Bowels moved daily, but stools are dark and offensive. *Merc. sol.* 3, one pilule every four hours.

Oct. 30th. Was better at first, but has been without pilules for two days, and has not felt so well. Continue.

Nov. 18th. Vomiting of bile continues, and occurs every morning before the bowels are moved. Stools still dark. *Apom.* 3x, grj. 4tâ quaque horâ.

Nov. 27th. No improvement. *Puls.* 1x, one pilule every four hours.

CASE No. 8.

E. A., æt. 16, shopwoman.

Oct. 17th. Complains of severe nausea morning and evening, with pain between scapulæ. Tongue clean. Bowels regular. House-surgeon prescribed *nux* 1x, a pilule every four hours.

Oct. 26th. No improvement. *Apom.* 3x grj. ter die, the morning dose to be taken fasting.

Nov. 2nd. Much better. Continue. The patient did not come again.

CASE No. 9.

C. C., æt. 60, needlewoman.

Oct. 26th. Complains of pain at the epigastrium after food, flatulence, general debility, and wandering pains in various parts of the body. Sleeps very badly. *Ignat.* 1x, one pilule every four hours.

Nov. 2nd. Is better, but is still very sleepless. *Gelsem.* 1x, a pilule thrice a day.

Nov. 16th. Severe retching after food, especially after breakfast. *Apom.* 3x grj. 4tâ quaque horâ.

Nov. 23rd. Retching quite gone. Ceased her attendance.

CASE No. 10.

E. H., æt. 44. Housewife.

Nov. 28th. Cough, with white frothy expectoration, especially in the morning. Vomits food soon after taking it; has no pain, but great nausea. House-surgeon prescribed *ipéc.* 1x gttj. every four hours.

Dec. 7th. No improvement. I prescribed *apom.* 3x grj. ter die.

Dec. 14th. Improving. To continue the medicine. Has not been to the hospital again.

CASE No. 11.

Fred. R., æt. 8, schoolboy.

Dec. 4th. Cough, with yellow expectoration. Vomits contents of stomach on coughing, and occasionally without coughing. To take *apom.* 3x grj. every four hours.

Dec. 7th. Less vomiting, but cough still very troublesome. *Ipéc.* 1x, a pilule every four hours.

Dec. 14th. Improving. Continue medicine.

Jan. 4th. (Seen by the house-surgeon.) Bitter eructations.
Nux 1x, a pilule every four hours. Has not applied again.

CASE No. 12.*

Mary B., æt 27, sewing-machinist.

Was admitted an in-patient at the London Homoeopathic Hospital on Nov. 15th, 1876, complaining of attacks of vomiting after meals for the last three months, the vomited matters being occasionally streaked with blood. Says she has had a good deal of mental trouble of late, and has also had to work very hard at the sewing machine, which is worked by the foot. On admission her symptoms were as follows :—Face pale and anxious looking, but not cachectic. Pulse 78, regular and full. Tongue slightly coated with yellowish fur. Bowels sometimes constipated, at others relaxed, stools dark in colour. Has taken a good deal of aperient medicine of late. Has also been a great tea-drinker. Menses once a fortnight, lasting three or four days, profuse and dark in colour, and usually succeeded by yellowish leucorrhœa. On pressure over the epigastrium no swelling or hardness is to be felt, but the patient complains of great tenderness there, with soreness extending for some distance behind the sternum. Has almost constant pain between the shoulders. Liver normal in size and not tender on moderate pressure. Food is now invariably rejected within a few minutes after it is taken, and causes severe pain of a burning or gnawing character at the epigastrium, striking through to the back until it is rejected, the pain being relieved by vomiting. To have *nux vom.* 1x gttj. every three hours, and to have iced milk and soda water only.

Nov. 18th. Has vomited a portion of the milk taken, mixed, on several occasions, with brownish mucus streaked with blood. In other respects the same.

Nov. 20th. Has not vomited quite so often, but has still great pain of a gnawing character at the epigastrium, and between the shoulders. Bowels constipated. To leave off the *nux vom.* and take *arsen.* 8x gttj. every three hours. The milk to be mixed with lime-water in place of the soda-water. To try a little stale bread well masticated, and beef-tea. To have an enema.

Nov. 23rd. Vomiting still the same, and containing streaks of blood. Says the bread increases it. Was ordered *apom.* 8x, one grain in alternation with the *arsen.* every three hours. To discontinue the bread.

Nov. 25th. Vomits less frequently, but is still in great pain at times, especially between the shoulders.

* For the notes of this and the following case I am indebted to Dr. F. G. S. Wilde, house-surgeon.

Nov. 27th. Vomiting still less often, and no traces of blood now in vomited matters. Has much less pain at the epigastrium. Pulse 80. Tongue covered with a thin coating of "silvery" fur. Bowels acted spontaneously to-day. Continue.

Nov. 30th. Vomiting has increased in frequency, but is not so great in quantity. Pain continues the same. Tongue white. To leave off the *apomorphine*, and continue the *arsenic* alone.

Dec. 7th. Is very low and prostrate, but has much less vomiting and pain. Has only vomited once during last two days. Pulse 76. Tongue thickly coated with yellowish white fur. Bowels constipated. Has much less tenderness on pressure over the epigastrium. Menses have just come on. To take *ignat.* 1x gttj. 4tis horis, in place of the *arsen.*

Dec. 16th. Has vomited very little during the past ten days, but has still considerable pain at times, especially behind the sternum. Tongue cleaner. Bowels regular; motions light in colour. Is feeling stronger altogether, and gets up for a considerable portion of the day now. To return to the *arsen.*, and to have a little finely chopped meat.

Jan. 8th. Has improved on the whole since last date, but still has vomiting and pain occasionally, especially after bread. To come as an out-patient.

CASE No. 18.

Sarah B., æt. 21, servant, admitted Feb. 23rd, 1877.

In service in Park Lane, before that in Westbourne Park. Five years ago severe dry cough came on, and lasted continuously until eighteen months ago. Sixteen months ago was seized with severe pain in left hypochondrium, succeeded by vomiting of food, lasting seven or eight months severely, and has had it since then, at intervals, but not so severely. Has never vomited blood. Has been able to eat ordinary food at intervals, but has never taken malt liquors. Has lost flesh lately. Present attack came on a fortnight ago, with severe pain, followed by vomiting and retching, which increased in severity until six days ago, when she was obliged to leave her situation and come home. Catamenia appearing every fourteen days. Bowels always constipated.

Present condition.—Very anæmic; cheeks slightly flushed; lips parched. Pulse 120. Temp. 99°. 8. Tongue densely coated with whitish brown fur. Slightly dry towards tip. Breath very offensive.

Complains of constant pain in left hypochondrium, worse on taking food. Great tenderness on pressure at this spot, but no hardness can be felt. Slight whispering *bruit* over apex of heart, increasing towards base, and becoming a loud *bruit de diable* over carotid. *Apomorphia*, 8x grj. every three hours.

Feb. 26. Temp., A.M. 98°. 4; P.M. 100°. 4. P. 108. No vomiting; tongue still much furred; less pain and tenderness at epigastrium and left hypochondrium.

Feb. 27. Temp., A.M. 98°. 4; P.M. 99°. 2. No vomiting; tongue very white and thickly coated. Bowels acted with enema; stool dark and solid. P. 104.

March 1. Temp., A.M. 98°. 4; P.M. 99°. Less pain in left hypochondrium, although it is bad at times. No vomiting; tongue still very white. Urine contains an abundant deposit of urates. Discontinued *apomorphia*—and commenced *arsen.* 1 grttj. 4 horis.

March 2. Temp. normal night and morning. Vomited slightly to-day, accounted for by patient having got up for a short time during the day. Tongue still much furred, but cleaner at the sides. Bowels acted with enema; stool hard, and pale in colour.

March 4. No vomiting: still has constant pain in left hypochondrium. Complains also of frontal headache.

March 9th. Tongue much cleaner at top and sides. No vomiting. Bowels acted after, and enema on the 7th; stools were very pale and hard. To continue the medicine. Is still under treatment.

I will not attempt to generalise, or endeavour to fix the precise sphere of action of *apomorphine* until more material is at my disposal; and as it is only by accumulating evidence, and sifting the good from the doubtful and bad in matters of this kind that we can add reliable weapons to our *armamentarium*, I trust that any of my colleagues who have notes of cases in which *apomorphine* has been given will publish them as soon as possible, giving us, of course, all such cases, whether successful or not.

In the summer of 1874, whilst on a voyage to Mauritius, I had an opportunity of testing the powers of *apomorphine* in checking sea-sickness; but I cannot say that the results obtained with it were at all encouraging. In two cases we had on board the drug failed to afford the slightest relief. I have more recently given it with decided benefit in two or three cases of pregnancy, where the morning sickness was more than usually severe.

65, Guildford Street,
Russell Square.

SENILE GANGRENE, COMPLICATED WITH
CHRONIC DIARRHŒA.

BY ARCHIBALD HEWAN, M.D.

WHEN one sees related in the journals a case of some serious, and may be infrequently noticed, disease, tersely set forth and skilfully treated, he ought to feel pleased and grateful. Then he ought to consider himself laid under contribution to give, by way of return, a similar case if he has one, and if he has not, to determine that before long he will furnish some equivalent. If every *confrère* would now and then adopt this plan, out of the many cases which lie stored away in his note books, our accumulated *inter-clinical experience*, based on the platform of the therapeutic truth on which we humbly, but conscientiously and fearlessly stand, would become increasingly vast and substantial, precise and practical.

February's *Review* contains some capital papers of the kind; one on "Chamomilla and Apomorphia," by Dr. Yeldham, followed directly after by one on "Senile Gangrene, &c.," by Dr. Brothie.

Dr. Brothie's case recalled to my mind two cases of the same malady that came under my care in the beginning of 1878. One was that of a lady, aged 82; the other of a gentleman, about the same age. The latter had been some two months ill, under various treatment, before I was called to see him, and the distal phalanges of two of his toes were quite black with caries and death. He recovered completely after a considerable time and severe struggle for life, and is now quite well. To the first case I shall refer more particularly.

Miss R—, spare, and much below average height, aged 82, has had *only homœopathic treatment* for the last thirty years. She is now threatened with gangrene of toes of right foot, which has been three weeks under treatment but is getting worse. The three mid toes present a red and angry blush, bluish discolouration, and are insensible to touch. Under the fourth toe, which is also slightly discoloured, there is a large vesication. On the anterior third of the plantar surface of the foot there is considerable redness, deep and dark, slightly so on the dorsum, with much general œdema. There is also slight œdema of the left foot, and a threatening of the same condition as the right. The

temperature of the foot at night is excessive, causing intense pain and intolerance under the bed clothes, which she is obliged to remove. She has also *chronic diarrhœa*, which has baffled treatment hitherto, so that on my referring to it she begged me not to take any account of it, as it had been long treated with only partial benefit, and had been at one time regarded as hopelessly incurable.

Dec. 28, 1872. Saw patient for the first time, but made no change in the treatment she had been lately put on.

Dec. 29. Finding no improvement I commenced my treatment by gently, but thoroughly, painting over with a camel's hair brush, filled with the *liq. ferri perchlorid. fort.* all the denuded surfaces and the œdematous portions of the feet. For internal treatment I gave *am. carb.* ϕ gr. $\frac{1}{4}$, three times a day.

Dec. 30. The next day's report is less pain altogether, less blueness, and quieter night. To continue treatment.

Jan. 2, 1873. Still feeling better; points of toes still dark, with vesications. On the fourth toe the vesications have burst, the redness and œdema continue, but are getting less. Because of the improvement generally, but the continuation of the diarrhœa and the debility, I gave *china*. 1 dec. instead, but as it seemed to have no marked effect one way or the other, I discontinued it, and held on again to the *am. carb.* internally, and to the application of the *iron* externally. By these the disease was arrested, but seemed to be at a standstill. Poultices of linseed and charcoal were applied, but were only soothing and palliative.

On the 13th I had a consultation with Dr. Bayes, who suggested to administer *iron* internally as well as externally, and advised the *syrup of the iodide of iron*.

Jan. 16. Diarrhœa has increased. Complains much of weakness; heart and pulse irregular on sitting up, but restored on lying down. Is obliged to sleep with her head very low. *Ars. alb.* 2 dec.

Jan. 17. Diarrhœa checked for a little time, but after a while it returned. Each application of the *iron* to the toes causes much temporary pain, but this gradually passes off, and they are healing beautifully. Less œdema. *R. Phos.* 4 dec.

Jan. 20. *Phos.* 4 dec. for diarrhœa acting well. Toes steadily healing.

Jan. 22. Continues to improve under *phos.*, there being only one action of the bowels during the night, such a happy state of things not known for a long time past.

Jan. 27. Toes steadily healing. Diarrhœa continues. To substitute 3 dec. for 4 dec. of *phos*.

Feb. 8. Continued improvement, except in diarrhœa, which though arrested seems to require some change of medicine. *R. ver. alb.* 3 dec.

Feb. 12. Much better; toes and feet nearly quite well. No action of the bowels last night, the first time for three years.

Feb. 17. Toes now quite well, except a scab on the mid one. Diarrhœa only three times a day, instead of nine time as usual. Cont. med.

March 4. Very much better. Only two actions a day now. Cont. med.

March 13. Continues better. Slight return of œdema of dorsum of foot. Stools have become very light in colour. *R. Merc. sol.* 5 dec.

March 20. Better. Bowels act only once a day now, but she feels very weak. *Ars.* 5 dec.

March 27. Cured. Feet as well as ever. For the last three days bowels have not acted at all, but nevertheless she feels quite well. *R. Nux v.* 3 dec.

Feb. 17, 1877. The *nux v.* put her all right at the time. I have had occasion to visit Miss R—— occasionally since that time, but there has never been any further trouble with the feet or bowels. She has within the last few weeks completed her 86th year. I saw her to-day looking well and cheerful as usual, she said she was "very well indeed."

Phos. in its various potencies has done me notable service in certain kinds of chronic diarrhœa since.

Chester Square, S.W.

INDEX TO CASES OF POISONING IN THE ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.D. Lond.

(Continued from page 802, vol. 20.)

NEW SYDENHAM SOCIETY'S YEAR-BOOK, afterwards called BIENNIAL
RETROSPECT OF MEDICINE AND SURGERY. 1859 to 1875.

THESE volumes are here numbered according to their place in the entire series of N.S.S. publications, viz.: vols. 8, 10, 15, 19, 23, 25, 32, 43, 50, 59, 65.

The copy of vol. 8 in the *British Museum* contains only 452 pp. whereas other copies of the same contain 536 pp. The former

appears to have been an earlier edition of the volume, though I can find no notice to that effect. In the following index the more complete copy has been used.

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Soap-lees, viii. 446.
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Taxus, x. 457.
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Vaccine, l. 79, 488 ; x. 146, 187, 147, 408 ; xxxii. 67 ; viii. 410.

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l. 485-7, 459 ; xix. 112-4 ; xliii. 478-9.

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210 ; l. 465 ; lxxv. 452, 514-5.

REVIEWS.

Therapeutics of Diphtheritis. A Compilation and Critical Review of the German and American Literature. By F. GUST. EHMME, M.D.
Boericke & Tafel : New York and Philadelphia, 1876 ; pp. 68.

WE cannot give our readers a better idea of this very useful brochure than by quoting its introductory sentence : "The following pages contain a compilation (up to the 1st April, 1876), and critical review of the therapeutics of diphtheritis, collected from German and American homœopathic literature and translations. We have arranged the material in a similar way as in Rueckert's *Klinischen Erfahrungen* (Clinical Experiences), and have mentioned all clinical cases and general remarks regarding a remedy which seemed of interest, but omitted all cures with medicines in alternation, or by the use of one drug internally and another externally. Although such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention such." A collection of cases made in this manner does more to give our treatment of disease a sure basis than the most elaborate of treatises.

Having given a definition of diphtheria, Dr. Ehme proceeds to illustrate the sphere of action for a large number of remedies by citing from various journals the records of cases treated by them. Having given his cases he concludes the notice of each remedy by a *resumé* of the chief indications governing its choice. The medicines which have been found most frequently of service are *Apis*, *Arsenic*, *Bromine*, *Calc. Chloras*, *Acid Carbolicum*, *Lachesis*, *Mercurials*, *Acid Nitricum*, and *Phytolacca*. "There is not," however remarks Dr. Ehme, "one single remedy which has been highly praised, but which some one has found utterly valueless." This, as he elsewhere suggests, is probably due to differences in localities, and such as are found in different epidemics. Hence comes the importance of studying each case

separately, of carefully analysing the characteristic features of the disease in every instance, and of being familiar with the manner in which each drug simulates in its pathogenetic properties the conditions which are grouped under the definition diphtheria.

Dr. Ehme's essay will be found a great help in enabling us to contend against this formidable, and often rapidly fatal disease.

A Treatise on Diseases of the Skin. By S. LILIENTHAL, M.D.
New York and Philadelphia : Boericke & Tafel, 1876, pp. 402.

THE work before us is a fairly complete account of the various disorders of the skin, including not a few which have no title to rank as such, to wit—Addison's Disease of the Supra-renal Capsule, Scarlatina, Measles, Typhus, &c. It is essentially a compilation, as distinguished from a work that is the result of personal observation. The pathological portions especially are derived from the researches of Hebra, Erasmus Wilson, Fox, and others. The indications for the homœopathic selection of remedies are chiefly confined to such symptoms as may be regarded as characteristic *quoad* the peculiarities of the various eruptions. So that, while pointing to the chief medicines to be consulted, Dr. Lilienthal's book cannot in any way be regarded as superseding the necessity of referring to the provings as detailed in works on *Materia Medica*. External applications are in no way discarded, as has been too much the fashion with homœopathically practising physicians. This is, we agree with the author, a step in advance. "It will frequently be found," he remarks, "that the simultaneous internal and external use of a medicine will be followed by the greatest benefit, in cases where its use either externally or internally alone might be followed by little or no beneficial effects." There is a great deal of truth in this observation. Our aim in the drug treatment of disease is to obtain the specific remedy; whether this is presented to the body through the mucous membrane of the mouth and stomach, or through an abraded cuticle, is a matter of much smaller consequence, while the direct application of a remedy to a diseased surface ensures its influence upon those structures, the nutrition of which it is desired to modify. We have seen many cases of eczema, for example, in which mercury was the indicated remedy, resist its internal administration, but yield rapidly to a mercurial ointment prepared in the proportion of one grain of the drug to a hundred of the cerate.

We feel assured that our colleagues will find their treatment of skin diseases much facilitated by the effort Dr. Lilienthal has made to place before them in a compact form those points of pathology and therapeutics which are most essential in securing success.

Homœopathic Domestic Practice. By E. GUERNSEY, M.D.
Abridged and Edited, with Additions, by H. THOMAS, M.D.
Sixteenth Edition. H. Turner & Co., of London, 77, Fleet
Street, E.C., 1877, p. 587.

Popular Guide to Homœopathy for Family and Private Use.
Seventh Edition. H. Turner & Co., of London, 77, Fleet
Street, E.C., pp. 237.

THESE two works are already so well-known to the Homœopathic Medicine Chest buying public, that we need do little more than introduce these new editions to their notice. The first of the two is one of the best handbooks for domestic practice we have, and will prove essentially useful to persons who, whether in the colonies or at home, are far removed from medical aid. Unlike some books of the same class, it contains nothing of an objectionable character—nothing that one would shrink from the responsibility of placing in the hands of pure-minded people, nothing calculated to improperly arrest the attention or excite the fears of the young and inexperienced. We therefore commend it as a work that our colleagues may safely advise their friends to look to when professional assistance is not within reach.

The second is a smaller work. The author's consideration is limited to the use of twenty-four medicines; and really if parents can handle twenty-four medicines efficiently, we think that they will very generally contrive to evade the services of their doctor! Dr. Drummond, of Manchester, has edited this edition, and has done his work with care.

NOTABILIA.

MEASLES IN FIJI.

At the last meeting of the Epidemiological Society, on Wednesday, January 10th—the President, J. Netten Radcliffe, Esq.; in the Chair—Dr. Squire read a report, from official sources, on the very fatal epidemic of measles in Fiji, of which so much has been heard. On January 12th, 1875, soon after Fiji was placed under our Colonial Government, the Chief, Thacombau, arrived at Levanka in H.M.S. *Dido*, on his return from Sydney. While there, he or some of his party had measles. On January 6th, during the voyage home, one of his sons and a native attendant fell ill with measles. They were treated in a house built for them on the ship's deck, and made so good a recovery that no obstacle was raised to their landing on the 12th. Two or three days after landing, another son of the Chief, who returned with him, was seized with measles. At this time, visitors from all parts thronged the house where he was sick. On January 24th and 25th, there was a great assemblage of native chiefs, some

from the more distant parts of the large island. A strong force of the native constabulary attended. Any new cases of measles in the native village had not at this time attracted notice. On February 12th, a despatch from Mr. Layard announced measles to be epidemic among the natives, and that nearly one hundred of the native constables were down with it. No alarm had been raised by February 7th, or we should not find that one hundred return labourers were then sent from Levauka to Malicolo to carry disease with them. On February 25th, quarantine provisions were in force, to prevent the spread of disease to the other islands. Mr. Layard says, "To stay its progress here is impossible." He reports at the same time the death of one of the most influential chiefs who attended the great gathering. In the interior of the large island, Mr. Harding writes: "All the chiefs who attended the great meeting have it, and it is spreading rapidly." On March 8rd, Mr. Layard writes: "The attacks have been so sudden and complete, that every soul in a village will be down at once, and no one able to procure food, or, if procured, to cook it for themselves or others. The people have died of exhaustion and starvation in the midst of plenty." The Colonial Secretary in June reported the disease to have been carried everywhere by the latter end of March or the beginning of April; from that time it gradually decreased, and by the end of May it seemed to have died out. The condition of the natives was painful in the extreme; a great want of food occurred, or rather physical strength was wanted to dig up and carry in the yams and dates which form their chief food. For the same reason, the Government could purchase no supplies. It was impossible to obtain a boat's crew; many small craft were lying in harbour quite unable to proceed to sea. The mortality could only be ascertained in three districts, where a census of the population had been made; Ovalan, population before the epidemic, 1,546; after, 1,099; deaths, 447: Koro, before, 2,548; after, 1,855; deaths, 688: Ba, before 7,925; after, 5,711; deaths, 2,214. From other places near, 1,687 deaths had been returned from measles. The disease is estimated to have caused more than twenty thousand deaths, and to have destroyed from one-fifth to one-fourth of the entire native population. That these people had special proclivity to more than the known accidents of the disease is negatived by the favourable progress of the early cases. Dr. Cruikshank treated one hundred and forty-three native constables, with nine deaths, some of them resulted from evasion of needful precautions. So, later in the epidemic, at places where it is said to be like plague and people seized with fear had abandoned the sick, some dying in such close huts that the walls had to be destroyed to let the trade-wind purify the air, only one death occurring among a number of severe cases

treated in separate rooms with fair attention, shows any acquired intensity of disease to be very limited. Fear added to the effects of disease. In one place, twenty-six deaths are said to have occurred within forty-eight hours of the seizure. The season at which the epidemic occurred was unfavourable. Though the mean temperature is 80 degrees, with a mean daily range of only fifteen degrees, except on the highlands, the tropical rains following the hurricanes were excessive. In March, fifty inches of rain fell; it rained on twenty-seven days and during two hundred and four hours. The people choose swampy sites for their dwellings; and, whether they remained close shut in huts without ventilation or rushed into the streams and remained in the wet during the height of the illness, the consequences were equally fatal. The greatest causes of the excessive mortality were the utter prostration from terror at the mysterious seizure, and the want of commonest aids during illness. There were none to offer drink during the fever, nor food on its subsidence; consequently, thousands were carried off by want of nourishment and care, as well as by dysentery and congestion of the lungs. The worst dangers from crowding were incurred in the small houses, and the worst dangers from cold by the sufferers making at once to the water, where they would continue immersed. Measles in these islands, in 20 degrees S. latitude, or within the tropics, corresponds very closely to the facts recorded of measles in the Faroe islands, in 70 degrees N. latitude, or near the polar circle. The epidemic only ceased when every person had been attacked. All the innate dangers of the disease, differing not in kind but only in degree from those which are commonly guarded against amongst ourselves by simple nursing, are here revealed. We need invoke no special susceptibility of race or peculiarity of constitution to explain the great mortality. Among people closely related to us, a similar fatality from measles occurred among the new levies during the last American war, when the number of cases exceeded thirty-eight thousand, the mortality in two large hospitals being over 20 per cent. Even this rate of mortality was doubled among the Garde Mobile in the month of January 1871, during the siege of Paris, when, of two hundred and fifteen cases of measles, eighty-six died, or exactly 40 per cent.; the proportional mortality from measles exceeding that from small-pox.—*British Medical Journal*.

BEARING-REINS FOR HORSES.

WE are reminded, by the recommencement of a season in London, to say a few words by way of directing attention afresh to the powerful and humane pleas of Mr. Flowers against the cruel practice of driving horses with bearing-reins. It is a

pleasure to notice that by far the larger number of the leading medical practitioners in London have discontinued altogether the use of bearing-reins; and we hope that the day is not far distant that we shall be able to point to the equipage of every medical practitioner in the country as a practical protest against the use of this most unnecessary, painful, and mischievous appendage to driving-reins. Physiology protests against the strained and artificial attitude which the horse is compelled to assume, and which must certainly lessen his power of drawing weights. Humanity and common sense protest against the infliction of this constant gagging strain upon the sensitive mouth of an animal, whose mouth is used by the driver as the principal means of guiding and directing him. Nor can any one who has any real knowledge of or pleasure in the study of animal forms feel otherwise than gratified at the free and unconstrained attitude of a horse driven without bearing-reins. Their use is a mere matter of senseless fashion. No good coachman uses bearing-reins for a horse from which he desires to get the full amount of work, or which he desires to leave at ease. Their employment is, indeed, merely a senseless fashion, which has absolutely nothing to recommend it; and in favour of their abolition there are reasons so many and decided that we hope not many years will pass before they are not only disused, but forgotten. The members of the medical profession owe much to horses, and they can so well appreciate the reasons for disusing bearing-reins, that we may fairly look to them to set a universal good example in the matter; and now that London is filling with fashionable people, whose horses are much disfigured by this cruel instrument of torture, we hope that before the season is over we may be able, in directing attention to this subject, to say no medical man in London uses bearing-reins for the horses which he drives.—*British Medical Journal*.

DANGER OF RAW MEAT DIET FOR CHILDREN.

DR. BROCHARD, who has done so much in France for improvement in the hygienic treatment of infants, in his *Almanach Illustré de la jeune Mère* cautions mothers against the great abuse of raw meat which now takes place in France in the treatment of the ailments of infancy; and to which he attributes the great increase of verminous disease, and especially of tænia. He acknowledges that it may be of use in some difficult instances of weaning; but these cases are very rare. He has opportunities of seeing an immense number of infants suffering from diarrhoea when weaned prematurely or without any precautions being taken; but he has never had recourse to raw meat for its relief, finding that weak broths, mixed with milk and light fecular food, are sufficient.

As long as the child has no teeth, good 'cow's milk, mixed or alternating with broth, forms the best diet; and when meat is commenced, it should always be well cooked. If good milk is not procurable, the Swiss condensed milk, diluted with tepid water, will succeed well.—*Revue Med.*, February 5.

WOUNDS IN SUBJECTS OF CARDIAC AFFECTIONS.

In continuation of former papers relating to the influence of prior morbid conditions upon traumatic lesions, Prof. Verneuil related, at the Académie de Médecine, two cases illustrating the relations of disease of the heart in this point of view. He laid down these propositions—1. Pre-existing cardiac affections appear capable of retarding or preventing the healing of certain wounds by giving rise to local accidents, among which are hæmorrhages and diffuse inflammations. 2 Wounds by the same local accidents and their consequences are liable to react on prior cardiac affections so as to aggravate them, and prematurely induce symptoms which in general only appertain to their ultimate period.—*Gaz. Hebd.*, February 23.

THE LONDON SCHOOL OF HOMŒOPATHY.

Subscriptions and Donations, amount already acknowledged, £2,888 12s.

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Mrs. S. Gurney	5	5	0				

* Indicates annual subscriptions.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending March 15th, gives the following statistics :—

Remaining in Hospital February 15th, 1877 ...	41
Admitted between that date and March 15th	48
	—
	84
Discharged between Feb. 15th and March 15th...	24
	—
Remaining in Hospital, March 15th, 1877	60
	—
The number of New Out-Patients during the above time has been	548
The total number of Out-Patients' attendances for the same period has been	1581

BRITISH HOMŒOPATHIC SOCIETY.

The next meeting of this Society will take place on Thursday, the 5th inst, when the adjourned discussion on Dr. Drury's paper on *Vaccination* will be resumed, after which a paper will be read by Dr. Dyce Brown, on *A case of Spinal Paralysis occurring during Pregnancy*.

OBITUARY.

CARROLL DUNHAM, M.D.

MOST deeply do we regret to have to announce the death, at the comparatively early age of 49, of our highly cultivated, earnest, and genial friend Carroll Dunham. The efforts he had made to render the World's Convention of homœopathic physicians a success, had strained his already enfeebled constitution too severely. He endeavoured, by resorting to a bracing climate, to repair the evil that had been wrought; but in vain. On his return home he had an attack of diphtheria. While convalescing from this, bronchitis set in, together with congestion of the kidneys. From the exhaustion consequent upon this succession of acute diseases he gradually sank, and died on the 18th of February, at his residence, Irvington-on-the-Hudson, in the State of New York.

Dr. Dunham was a native of New York, where he was born in 1828. In 1884 he suffered from a severe attack of Asiatic cholera, the results of which so enfeebled his health for many years as materially to interfere with his education. The difficul-

ties thus encountered were, however, so far successfully overcome as to enable him to graduate in Arts at Columbia College, New York, and subsequently in Medicine at the College of Physicians and Surgeons, of New York. It was while a student of medicine that his attention was first drawn to homœopathy. His father and himself were at this time seriously ill; and deriving no advantage from the best advice New York could afford them, his father consulted a homœopathic physician, and did so with the most favourable results. "This experience," says a writer in the *United States Medical Investigator*, "shook the faith of the student Dunham in the teachings of his preceptor and professors who only ridiculed homœopathy, and he determined to know what the system was. Being informed that Dr. Hering was the most learned man of the school in America, he sought his acquaintance; and, in the language of Dr. Dunham himself, 'gained the most helpful, generous, genial friend I have ever made.'"

Having received the degree of M.D. from the College of Physicians and Surgeons of New York, Dunham set out for Europe, where he diligently pursued his studies at different hospitals of high repute. For some time he was a resident pupil at the Rotunda Lying-in Hospital, at Dublin. It was during this visit that he made the acquaintance of several homœopathic physicians in this country, whose personal regard he at once secured. He was, we believe, present as a visitor at the first Homœopathic Congress held here, viz., that at Cheltenham in 1850.

In Paris he studied at the Hôtel Dieu, and also attended the lectures of Velpeau and Trousseau. He then visited Bœnninghausen, at Munster, and under his direction studied the *Materia Medica*. In Vienna he was for some time a regular attendant on the lectures of Wurmb and Kaspar, and there received that thorough conviction of the truth of homœopathy that marked his subsequent career.

He settled in practice at Brooklyn on his return from Europe, and rapidly acquired the confidence of a large circle of friends. That feebleness of constitution which had been engendered in early life, appears to have rendered him peculiarly susceptible to be influenced by causes of disease, and after a short time, he was for a considerable period laid aside by articular and cardiac rheumatism, and again by hemoptysis. A visit to the milder climate of Florida resulted in an apparent complete restoration to health, when he once more entered on active duty as a physician, and an earnest as well as able expositor of the doctrine and practice of homœopathy. During this time he published in the *American Homœopathic Review* an essay entitled *Homœopathy the Science of Therapeutics*, which was subsequently reprinted as a pamphlet, dedicated to the late Dr. Chapman of London. It

also appeared in this *Review*. It constitutes one of the very best explanations of homœopathy, and of the method of studying the *Materia Medica* with which we are acquainted. A few essays—alas, too few!—on the action of drugs followed. These too are among the best, because most practically useful illustrations of the physiological action and therapeutic uses of drugs we have. They are models, which all writers on *Materia Medica* ought to study. In 1870 he delivered the opening address at the American Institute of Homœopathy. He took for his subject, *Freedom of Medical Opinion and Action; a vital necessity, and a great responsibility*. This address was admirable in every way, and at once secured for its author a most influential position among homœopathic practitioners in the United States.

Dr. Dunham contributed largely to the success of the Homœopathic Medical College of New York, and to that of the New York Hospital for Diseases of the Eye, when this institution was transferred from the hands of the allopaths to those of homœopaths. He was a strong advocate of the medical education of women, and it was chiefly through his exertions and influence that women, who were medical graduates, were admitted to the membership of the American Institute.

When it was proposed to hold a Convention of homœopathic practitioners from all parts of the world, during the Centennial Celebration at Philadelphia, in 1876, Dunham took a leading part in making the arrangements which culminated in a great success. Upon him fell the brunt of the work of preparation, and this work was simply enormous. To it he devoted all his energies, and it is far from improbable that the labour he endured during this time of preparation, contributed in no small degree to bring about that depressed vitality which rendered fatal the illness which all his friends both at home and abroad are now deploring. Of the Convention, he was the president; and, as the progress of the meeting fully demonstrated, no more-fitting choice could have been made—never was the right man more truly in the right place. His address delivered on that occasion appeared *in extenso* in the *British Journal of Homœopathy* for October last. It formed a powerful defence of Hahnemann's *Organon*, pointed out the advantages all homœopathic physicians must derive from the development of the science of pathology during the last quarter of a century, demonstrated the approaches the allopathic school are making towards homœopathy, and concluded in eloquent language to call upon all practitioners of homœopathy to exert themselves earnestly in the propagation, through hospitals and medical schools, of the doctrines they had so much reason to know and to feel are true.

From every point of view, the address was worthy of the occasion which called it forth. It displayed its author's thorough know-

ledge of his subject, his power in urging it upon the attention, his thorough zeal in endeavouring to render its study more attractive, and the means of investigating it more complete and general.

We believe that we are not saying too much, or detracting in any way from the merit due to others, when we aver that the success of this important gathering was chiefly due to the efforts made in that behalf by our deceased friend.

Dr. Dunham was a well-read and highly-cultivated physician, a thoroughly truthful, upright Christian gentleman, one who inspired confidence and esteem in all who came in contact with him. Few, if any, homœopathic physicians possessed a more thorough or more extensive knowledge of the *Materia Medica* than he did; few, if any, were better able to expound and teach this difficult and important branch of medical science than he was.

Dying at the comparatively early age of 49, living a life more or less constantly exposed to illness, physically incapable of enduring the strain of continuous hard work, possessing a spirit for work far in excess of the physique he was endowed with, he nevertheless has done more to promote a sound knowledge of homœopathy than many—very many—whose time, opportunities and strength have been far greater than fell to his lot.

The loss of Dunham is great. It is one which will be felt, not only in the country which claimed him as one of her citizens, not merely by his professional brethren around him, but by all homœopathic practitioners the world over. No homœopathic physician was better known or more highly esteemed than he was. None will be more deeply or widely regretted than he will be.

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

"Nor do men light a candle and put it under a bushel, but on a candlestick."

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the year 1825, Dr. Gram (a Danish physician) landed in New York, and introduced the practice of homœopathy into the United States. In 1877, fifty-two years later, nearly 5,000 physicians are practising the system in that country.

In the year 1827, Dr. Quin came to London in the suite of Prince Leopold of Saxe-Coburg, and introduced the practice of homœopathy into Great Britain. In 1877, fifty years later, less than 800 physicians are practising homœopathy in Great Britain.

What are the causes of this marvellous discrepancy between the rate of progress of the new medical science in the two great English-speaking nations? I have sought in vain for any other than this, that the policy of the pioneers of homœopathic medicine, in the two countries, has been diametrically opposite.

While the introducers of the system into America, with true instinct, perceived that their "candle" must "be put on a candlestick," and that schools, colleges and universities must be founded for the systematic teaching of the new art and science, our English homœopathic physicians (of the first decade) adopted the policy of expectation, and were ever waiting (as they are now) for professional recognition, trusting to the softening effect which they fondly hoped that the silent contemplation of their successful practice would at last have on the obdurate allopathic heart.

For fifty years they have been watching and waiting, and what is the result?—less than 800 physicians, (all told) being in the proportion of one homœopathic physician to every seventy of the old school, have followed the pioneers of the new science in Great Britain; yet these leaders of the new truth still say "Wait, the time for action has not yet come; your movement is premature." For what are we to wait? When will the time for action come? Is it premature to found a school after fifty years' accumulated experience?

On the other hand, no such patient expectation of some miraculous conversion of their opponents kept back the early American homœopaths. With the activity, the perseverance, the clear foresight, and the go-a-headedness of their race, they have provided means for culture, systematic education, and self-increase; and already nearly 5,000 physicians have adopted the homœopathic practice—the homœopaths being in the proportion of one to five or six of the whole medical practitioners in the United States.* This is my answer to those excellent friends of mine who still adhere to the Fabian policy which has so hid our light under a "bushel," and who still advise the masterly policy of inaction.

I advise all who are interested in the subject carefully to study a very interesting little book, lately issued by the British Homœopathic Society, entitled, *The World's Homœopathic Convention; Papers read by Representatives of the British Homœopathic Society.* (Published by the British Homœopathic Society, 52, Great

* In New York (City), allopathic physicians 984, homœopathic 156. In Brooklyn, allopathic physicians 333, homœopathic 92. In Philadelphia, allopathic physicians 655, homœopathic 168. In Boston, allopathic physicians 233, homœopathic 54. In Newark, allopathic physicians 77, homœopathic 16; and the proportion of homœopathic physicians to those of the old school is increasing every year,

Ormond Street.) The papers, which were prepared for the American "World's Homœopathic Convention," in answer to queries made by the promoters of that great gathering at Philadelphia, contain a succinct statement of the rise and progress of homœopathy in Great Britain. After seven years of silence (in 1834) two Latin translations of homœopathic works appeared, edited by Dr. Quin, one of which was dedicated in Latin to Sir Henry Hallford, then President of the London College of Physicians.

In the same year, the Rev. Thomas Everest wrote his *Popular View of Homœopathy*, and a *Letter to the Medical Practitioners of Great Britain*. Fortunately for the progress of our science other English works on the subject appeared from the pens of Drs. Curie, Luther, Dunsford, and others, which drew the attention of many professional men to the subject. Then, in 1843, the *British Journal of Homœopathy*, under the able editorship of Drs. Drysdale, Russell, and Black, commenced its sphere of usefulness, which it still so ably upholds under the care of Drs. Dudgeon and Hughes. The influence of this, and of the other journals, which have from time to time appeared (and which are now represented so admirably by the *Monthly Homœopathic Review*, and by the *Homœopathic World*), are by no means to be undervalued as a means of spreading a knowledge of homœopathy; but no books or journals can take the place of a school or college for the systematic training of our students.

Nor can societies, dispensaries, or hospitals, by their discussions, by their practical demonstrations, and by their clinical illustrations of disease, give all the instruction needed in our art and science. The British Homœopathic Society, founded by Dr. Quin in 1844, is an excellent institution of its kind, but it cannot, in any sense, be looked upon as a School of Homœopathy. It forms a bond of union for our small phalanx, and its constitution makes its membership a certificate of professional character, while its discussions, and the papers read before it, make it possible for us to sustain inter-professional intercourse in spite of the ostracism which the narrow policy of the allopaths has forced upon us, but it does not teach our art and science to students.

Our London Homœopathic Hospital, also founded by Dr. Quin, first opened its doors in 1850, that is, twenty-three years after the first introduction of homœopathy into England. Two or three years after this date a few lectures were delivered at regular intervals by its medical officers (Drs. Quin, Hamilton, Leadam, Russell, Yeldham, &c.); at the Hahnemann Hospital (which has ceased to exist) more complete courses of lectures were delivered by Drs. Dudgeon, John Epps, and Curie. But in neither case was a School (properly so-called) provided, and the efforts were abandoned. Yet it is quite clear, from the partial success which was met with, that, had a School

then been formed, we should have had no cause to complain of the rate of progress of our system at this day. When Drs. Russell and Black gave instruction at the dispensary in Edinburgh, enquirers were attracted, and many excellent men studied and embraced homœopathy. When John Epps gave his lectures, full of practical instruction, he too made many converts. When Dyce Brown taught by lectures and practical instruction in Aberdeen, he found no lack of enquiring students, and no man in our day has done so much toward the spread of a knowledge of our system among the rising generation of our practitioners. While he was in Aberdeen he almost wholly supplied our Hospital with house-surgeons from among his pupils. All that we need, to ensure a like success in London, is the active and cordial support of our own men, and if we remove our "candle" from under the "bushel," and place it on a "candlestick," in less than ten years homœopathy will have become as popular, among the real *students of medicine*, as it is now, from their ignorance of its merits, looked down upon with distrust.

It was only the other day a friend of mine, on the other side of medicine, congratulated me on the progress of the present movement in favour of our "School," for said he, "when we see you in earnest, and attempting publicly to teach your system, we shall, at least, give you the credit of firmly believing in it yourselves." Half-heartedness in anything creates distrust, and we should probably have attained a far firmer and better position in the profession, had a bolder and more manly policy been adopted from the beginning. So far from hesitancy and want of self-assertion having conciliated the profession, it has done much to estrange them from us. They can only judge outwardly by what they see; and when they saw the supporters of the system content to practise it privately, without any public active exertions to spread a knowledge of its principles and practice, save attendance on dispensaries and at the Hospital, it required little malevolence to make them believe in assertions, sedulously made, that we were self-seeking medical adventurers.

The time has arrived when it may be well to reverse the quiet, mole-like burrowing in the professional earth, and that we should come to the light.

Besides, it has become a necessity that we should, in some way, provide medical men, competent to practise homœopathy, to supply the demand made for them by the large homœopathic lay population. A few days ago I received a letter from a stranger, residing in a large town in the West of England, telling me that a considerable number of the wealthy inhabitants were homœopaths, and that they were anxious to obtain a resident homœopathic practitioner, to whom they were willing to guarantee £400 a year. I have had applications from several other places,

couched in the same terms. But we cannot supply the demand. And then what happens? Either the thoroughly homœopathic patients treat themselves and their families as well as they can with a book and a medicine chest, thereby running no little risk in acute cases; or they are obliged to call in some medical practitioner ignorant of homœopathic practice, and probably opposed to it—and thus, in their greatest need, they cannot benefit by the system they believe in and trust.

In a few years, if the School is well supported, we shall be able to correct all this, and to place homœopathic physicians in every great centre in England, so that our method shall be as available in every district as it is at present in most of the larger cities.

I have been asked, in more than one quarter, "What kind of homœopathy will be taught in the School?" To this I answer, that the School will not be made the means of advancing any special form of homœopathy, but that the endeavour of its promoters will be, to proceed in a perfectly catholic spirit. We shall appoint the best and fittest teachers at our command, irrespective of parties. There are many points of homœopathic practice still *sub-judice*, but the public teaching of the system, and the widening of the sphere of practical experiment within the walls of an enlarged Hospital, will tend to hasten the settlement of the points in dispute. Personally, I should be glad to see high, low, and medium dilutionists, each practising their own method in the Hospital, and, by a carefully recorded experience, proving the points they now are too apt to dogmatise upon. It is to be hoped that neither the Hospital nor the School will ever degenerate into the weapon of a party.

The appointments made, to the present time, are such as will command the respect and approval of the great majority of the members of the homœopathic body.

Dr. Richard Hughes, as teacher of *Materia Medica* and *Therapeutics*, has already achieved a world-wide reputation through his work on *Pharmacodynamics*, and those who desire to know in what manner he is likely to teach, can judge for themselves by a perusal of his writings.

Dr. Dyce Brown is a man of culture and of wide experience; he too belongs to the broad school of homœopathy, and has written sufficiently in our journals (and especially in the *Review*) to enable us to see the thoughtful, careful teacher in the papers and lectures there published.

Dr. J. Galley Blackley is well known as an aspirant in the field of scientific research, and will fill the post of curator and librarian well. At present no clinical teachers have been appointed by the School, but there will be no difficulty in

selecting good men from among the medical officers to the Hospital.

Before concluding this subject, and in order that there may be no doubt as to the catholic intentions of the founders and promoters of the School, I will quote a passage from a letter which I sent, in answer to this question, to one of the allopathic journals. "*The kind of homœopathy which it is sought to teach is that art and science of medicine which is based upon two principles, viz. : (a) the knowledge of the physiological effects of medicinal drugs upon the animal economy ; (b) the application of medicinal drugs to the cure of disease, when administered in accordance with the rule of similars.*"

"The advancement of the science and art of healing will, I hope, ever dominate over any sectarian prejudice or proclivity in the minds of the managers of our School. In demonstrating the behaviour of medicinal drugs as causes of drug diseases, and as healers of idiopathic disease, our position is not that of defending a system, but of demonstrating how far that system proceeds in the direction of curative medicine. Experience alone can prove how far the method of Hahnemann—*i.e.*, that of a negation of pathology, and the treatment by a careful comparison of drug-symptoms and disease-symptoms, and the covering of the one by the other—will carry us towards the perfection of drug-treatment ; or, on the other hand, how far a careful consideration of the pathology of each case is to be the indication for its treatment, by applying a drug which will induce a corresponding pathogenesis in the healthy body."

"The modern school of homœopathic physicians incline to the adoption of the latter method, so far as the pathology of disease is well marked and well known, while they fall back on the Hahnemannian method when the pathology of a disease is obscure."

With such aims we may fairly claim the support, not only of those members of the profession who have embraced homeopathy, but of all those who desire the advance of true science within the profession, since we bring the whole question of the action of homœopathic medicine into the broad light of day by its public teaching, both in the lecture room and in the wards of our Hospital, where the freest criticism will be invited and cordially welcomed.

Our progress thus far is shown by the constitution of the School, as seen in its Patrons, Council, Committee, and body of laws :—

THE LONDON SCHOOL OF HOMŒOPATHY.

(Founded December 15th, 1876.)

—o—

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*J. Gibbs Blake, M.D. ...	1	1	0	*T. L. Marsden, M.D. ...	10	0	0
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*J. W. Hayward, M.D. ...	5	0	0	M.D.	5	5	0
*A. Hewan, M.D.	1	1	0	*G. Wyld, M.D.	5	0	0
*E. C. Holland, M.D. ...	3	3	0	*S. Yeldham, M.D.	5	5	0

* Indicates Annual Subscriptions.

The arrangements already made are as follows :—

1. An Inaugural Address will be given by Dr. J. Gibbs Blake (of Birmingham) on May 1st.

2. Two courses of Lectures, one during the summer months and the second during the winter months, will be delivered by Dr. Richard Hughes, of which the subjoined is the synopsis.

“The lectures on *Materia Medica* will embrace the history, and all known actions and uses of the substances employed in medicine. They will have, however, for their especial object the exposition of the provings which have been made with drugs on

the healthy human body, and the application of the same to the treatment of disease according to the principle of similarity,

"It is intended to devote the summer course to a dozen or so of the leading remedies used in homœopathic practice, and to discuss the remainder during the winter session."

8. Two courses of Lectures on the Principles and Practice of Medicine (given concurrently with those on *Materia Medica*), by Dr. D. Dyce Brown, one of the physicians to the Hospital.

General aim of the courses :—

Definition and explanation of what is meant by homœopathy, with sketch of the origin of the system.

The scientific basis of homœopathy; the *a priori* argument in its favour, and the bearing upon it of modern scientific observations. The mode of selecting the remedy, and the bearing and value of symptomatology in guiding to the selection of the remedy, The question of the dose. What is a homœopathic dose ?

The single remedy, and alternation of medicines.

What is disease ?

Inflammation, as the type of disease. Its pathology, course, terminations, symptoms. Inflammatory fever.

Treatment of inflammation and inflammatory fever. Analysis of allopathic treatment by way of contrast to the homœopathic ; general aim and principle of the homœopathic treatment of acute disease ; the action of *aconite*, and its relation to inflammatory fever, and acute inflammation ; the action of *belladonna*, and its relation to inflammation ; the action of *sulphur*, and its relation to chronic inflammation ; the "psora theory," and its bearing on the treatment of chronic disease. The use and abuse of external adjuncts to internal treatment ; the action of heat, cold, counter irritants, and "astringent" applications shown to be in accordance with the homœopathic principle.

Diseases of the digestive organs.

" " respiratory system.

" " circulatory system.

" " brain and nervous system.

Specific febrile diseases.

Diseases of urinary organs and male sexual organs.

" of females.

" of the skin.

" " eyes.

" " ear.

N.B.—As much of this ground as possible will be gone over in summer, and the remainder in winter.

A Library of medical works, both general and homœopathic, is to be formed in the rooms at the Hospital in Great Ormond Street devoted to the School, under the care of Dr. J. Galley Blackley.

A Museum of *Materia Medica* is also in process of formation, under Dr. J. Galley Blackley's care as curator. It is very earnestly requested that physicians having duplicate works on medicine will forward them to Dr. Blackley, 65, Guildford Street, Russell Square, W.C., and that chemists and others will supply him with specimens of crude drugs and substances used in the preparation of homœopathic medicines.

This last will best be done by each homœopathic chemist offering to provide 10, 20, or more crude drugs, dried plants, or mother-tinctures, in their alphabetical order—A to C, C to G, &c.

The subject of Clinical Instruction has also met the careful consideration of the Council and Committee of the School. Within the walls of the London Homœopathic Hospital the following physicians have agreed to associate themselves with the School, and to deliver clinical lectures at stated intervals—Dr. James Jones, Dr. J. Galley Blackley, and Dr. Dyce Brown.

Feeling the paramount necessity that a larger number of patients should be provided for clinical instruction than the Hospital with its present limited means can afford to support, the Committee of the School are making every effort to obtain funds by which more beds can be opened for the reception of patients. The Committee have already been able, from the funds placed at its disposal, to give promise of an annual subscription of 350 guineas, which will add 10 beds to the Hospital. This is a small but useful beginning, and if the public come forward liberally, we may soon find ourselves in a position to add a further like number. The accommodation of the present Hospital is deficient in many ways, and Mr. Pite, the talented architect of the Hospital, has prepared a plan by which the building, by the addition of a small adjoining property, can be enlarged, so that 124 patients could be accommodated, at the cost of £8,000 for the alterations and new erections. If this plan could be carried out our School might soon become one of great public importance. By the plan above indicated many cases which the authorities are obliged now to refuse, for want of appropriate accommodation, could be admitted, and a limited number of private wards (a want now greatly felt) could be arranged.

My letter has already far exceeded the limits I had intended, but I must ask you to allow me to state that up to the present time we have subscriptions promised to the amount of rather more than £500 a year, and donations reaching some £2,600. This is very well for a beginning, but our lowest need is £700 a year subscriptions and £20,000 in donations.

I very earnestly appeal to our medical practitioners for their zealous aid, and to all who have benefited by the advantages of homœopathy, to send appropriately large thank-offerings for benefits received, in order that these same benefits may be

extended to the poor, and be continued increasingly to the generation following us. By supporting the school we shall be educating successors to carry on the work which we ourselves must in a few years delegate to others. I have the offer of several sums of £100, on condition that this £20,000 is raised. I have a promise of £25 on condition that 49 others will subscribe a like or larger sum; 28 of these 49 already appear in our list of subscribers. I hope in a short time the remaining 26 will come forward with sums of £25 or upwards.

When I see that sums of £1,000 or upwards are frequently given to objects far less comprehensively beneficial and benevolent, I cannot doubt but that our wealthy *clientèle* will contribute largely of their means to our greatly needed enterprise, and to their self-denial and liberality I appeal with firm confidence. "Let your light so shine before men that they may see your good works."

WILLIAM BAYES, M.D.

4, Granville Place,
Portman Square, W.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—From the report of the Secretary of the London School of Homœopathy, presented in your last number, it appears that "The School" is now a matter of fact—that contributions and promises of further support have been received, far in excess of what some of its early disciples anticipated—that so far also from being a source of weakness to the London Homœopathic Hospital, as some imagined it would be, it has had a contrary effect—the result being that ten more beds are to be added to that institution. This must be very gratifying to all who have homœopathy at heart; and it only shows what may be done when men are in earnest. I regret to say that I was one who at the outset rather pooh-poohed Dr. Bayes' idea of raising £20,000 for the Hospital, although I agreed with him in the need for a School, and an addition to the Hospital. I must, however, now confess that although of not so strong a faith as Dr. Bayes in the commencement, I am veering round—yea, have accepted the possibility of raising sufficient funds to permanently endow the Hospital for sustaining 120 beds, so that it may furnish sufficient material for clinical teaching in connection with the School, and thus attract practitioners and students, who otherwise would be ignorant of homœopathic therapeutics.

Having said thus much for the movement, its promoters may turn round and say, "We are much obliged for your sympathy, but what will you do for it?" In reply, I would say, I am *only*

a poor country hard-worked doctor, with low fees. I cannot do much, but will all I can. I have already made a beginning towards both School and Hospital, and having done so, I rather like it, and will make an increase, but on condition that a good many more country doctors will do the same. I may be answered, "What has it to do with you and your intentions as to what others will do?" I reply much every way, because my idea in giving is to doubly increase the size of the Hospital, and my paltry £5 or £10 is a mere drop in the bucket without others. There are, I believe, about 150 practitioners in the provinces practising homœopathy; many of them have already responded to the appeal, in larger or smaller sums, and I am anxious to induce others to the same, and that some who have already done so would increase their donations or subscriptions to "The Hospital." I believe, Sir, that in the past the idea of helping to sustain the London Homœopathic Hospital by country practitioners has been looked upon in too narrow a spirit, as if it only benefited the public in and around London. There may have been some reason for this. But now in connection with the School it will be for national good, and for the spread of the truth we all have at heart, so that I think it behoves us all, whether near London or far off, to abandon our narrow sympathies, and by all means in our power to seek from our patients and friends, and devote what we can honestly do of our own towards the furtherance of the movement. And I would advocate that every practitioner have in his consulting or waiting room subscription boxes, and a large card setting forth the objects and intentions, viz., to educate medical men and students in homœopathic therapeutics. I believe by these means, if earnestly taken up by even "poor country doctors," the amount may be soon raised.

Finally, I would say I will give £50 donation to the Hospital at once if 49 other country practitioners will do the same, or £10 a year if 99 country practitioners will join me, and will use all my efforts to collect as much as possible; and when the public see that we are in earnest ourselves, I am sure they will come to the rescue.

I am, Sir,

Yours respectfully,

"A POOR COUNTRY DOCTOR."

P.S.—I enclose my card, with real name and address—ready for use when you need it, which I hope will not be long.

PSEUDO-HAHNEMANNIANS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your editorial reply to Dr. Lippe, you have (p. 187) fallen into a strange error. You state that the only related cases of cure which Hahnemann ever published were those in which he used the mother-tinctures. Even if this were the case it would prove nothing, as Hahnemann expressly states that he published these two cases by request, *to show how the remedy was selected*. The paper in which these two cases are quoted is *fully* translated by Dr. Lippe in the *Hahnemannian Monthly*, vol. iii., pp. 289-309. The first case was cured by one drop of the tincture of *bryonia*; the second by half a drop of *the quadrillionth of a drop of pulsatilla*.

Hahnemann moreover attaches to the first case the following important note, to which you have made no reference: "In accordance with the latest improvements of our healing art it would have been sufficient to administer one solitary smallest globule moistened with the 80th potency, and this would have been followed by a quicker and more permanent cure; yes, with the same certainty would the smelling of a millet-seed-like pellet, moistened with the same potency, have cured her; *therefore my administration of a drop of the crude tincture to a robust woman, as in the above case, should not serve by any means as a recommendation for imitation.*"

Moreover, in the two cases treated by Hahnemann in 1842 and 1848, which Bœnninghausen published, the 60th dilution, amongst others, was employed. Hahnemann's law of cure rests upon exactly the same basis as his statements concerning the high potencies; viz., on the *facts* daily elicited by his own practice, and that of others. You state further that "it must ever remain a doubt what Hahnemann would have said to the *cm.* dilution, as it was never brought under his notice." Hahnemann taught that the higher the potency the more rapid and penetrating was the action, even when the potency was carried very far, to 60, 150, 300, and *higher*: therefore as he fixed no limit, we have no right to do so for him.

You further state that our "collective opinion has never yet dared (!) to express itself on this side of the Atlantic in favour of the doses to which he (Dr. Lippe) is so much addicted." I was not aware that any *daring* was required in the matter; and moreover I thought that the names of those who followed Hahnemann strictly were already well known. Your observation however is a challenge; we will not shrink from it. Dr. Skinner has already, in his pamphlet on *Homœopathy*, accepted your challenge in advance by proclaiming himself a believer in these *highest* potencies. Dr. Morrison has done so in the current

number of your *Review*; and if you wish any further avowal from myself, besides the evidence of my published cases, I will take this opportunity of saying that after witnessing the action of all dilutions during a study of homœopathy of fourteen years' duration, I believe that the *very highest* potencies of the truly homœopathic remedy are invariably preferable to others; and moreover after an experience of about seven years of the *very high* potencies (*cm.* and upwards), I have arrived at the conclusion that single or rarely repeated doses thereof are *as a rule* far preferable to frequently repeated doses, the latter often causing most unpleasant aggravation or perturbation in the system.

You further charge us with setting at naught Hahnemann's law concerning the "totality of the symptoms," and with prescribing "on the single indication of a fancied and fanciful keynote symptom." That Hahnemann taught us to select our remedy according to the totality of the symptoms is true; but you have omitted to state that he gave another rule, which is that our attention should be directed especially to those symptoms which are *strange, peculiar, and characteristic*; i.e., those which do *not* belong to half the *Materia Medica*; and this rule is of great importance, seeing that from the imperfections of our *Materia Medica* we often cannot cover the totality of the symptoms. Hahnemann also gives us two other rules—viz., that the mental symptoms are of more importance in the choice of the remedy than those of the body; and that the latest symptoms are of more importance than the earlier. Guided by these rules, in prescribing for a patient, I first ascertain the medicines corresponding to the symptom of that case, which, according to Hahnemann, is the most important in the selection of the remedy; then out of these medicines I choose that which best corresponds to the remainder. The only cases in which I prescribe for a single symptom are (1) when no medicine corresponds as far as we yet know to more than one symptom, in which case there is no alternative; and (2) when one important symptom which points to one medicine only is connected with others which belong to a great many medicines, but not to that one; in this case, which can only happen with imperfectly proved remedies, I consider quality superior to quantity, and prescribe according to the one characteristic symptom rather than according to the half-dozen which point to nothing in particular. And this I believe is the practice of all who call themselves Hahnemannians.

After this "confession of faith" I shall be glad to know whether you still excommunicate me from the fold as an unworthy apostate and a "PSEUDO-HAHNEMANNIAN."

Yours &c., E. W. BERRIDGE, M.D.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Permit me to enter my protest against your application of the above term. "Pseudo" signifies counterfeit. What has this to do with the question of dilutions? We know that Hahnemann expressly mentions the 300th, and higher; that he specially recommended the 80th, and in *Chronic Diseases* (vol. i., foot note, p. 112, ed. 1845), certain drugs are advised for gonorrhœa, with this addition:—"The highest preparations of these remedies should always be used, unless the patient has previously been weakened by allopathic stimulants, or a latent psora has made its appearance." Therefore, it is an abuse of the term to stamp any practitioner as a Pseudo-Hahnemannian, merely because he prefers high potencies.

In a case of convulsions, under the care of a so-called homœopath, I found three tumblers of medicine, two being taken in alternation during the day, the other at night. The same practitioner prescribes dilute *sulphuric acid* in diarrhœa, without regard to special symptoms. We sometimes hear of avowed homœopaths prescribing blisters, caustics, mustard-plasters, leeches, opiates, and purgatives, even in ordinary cases. There are others who call themselves homœopaths at certain times, and deny their master when occasion requires. These are the men who justly deserve to be termed Pseudo-Hahnemannians. That they are at liberty to continue so, I freely admit; that they are entitled to judge those who have practically become more enlightened, I as candidly deny. Let them conduct their practices, for a time, in the same manner, and with the same true regard for the *similia*, that such men as Drs. Lippe, Hering, and Wilson have done. Then shall they be entitled to give an opinion which shall not consist of empty words and vapid reasonings, but shall be based upon the stern logic of experience,

Seriously, gentlemen, is it well to apply offensive epithets to honest workers? Would it not be wiser and more politic to seek to convince them by fair, straightforward arguments, based upon comparative results? And failing in this, would it not be more reasonable to remember your own position in regard to your allopathic *confrères*; and to allow to those who differ from you that freedom of opinion which you claim for yourselves.

Faithfully yours,

Albert Square,
Clapham Road,
March, 1877.

S. MORRISON.

[NOTE.—Dr. Berridge and Dr. Morrison cover somewhat the same ground in their letters, we will, therefore, reply to some of their points in the same note.

Gentlemen of the high dilution school have termed themselves "Hahnemannians," *i.e. par excellence*, and they have nicknamed their *confrères*, who alternate remedies on occasion, and who give more material doses, "mongrels" and so forth. They must not, therefore, grumble if they receive the prefix of "Pseudo"—when it is found that their practice belies their name, that the dilutions they use were undreamed of by Hahnemann, and that their method of applying the homœopathic law ignores the true picture of either disease or remedy.

To Dr. Berridge we say:—Hahnemann used the mother-tincture, the 16th, the 30th, even the 60th dilution; you use the 100,000th and upwards. His dilutions were prepared carefully with *alcohol*; yours by literally washing out bottles with *undistilled*, and therefore impure water. His two related cases were treated by a careful comparison of the totality of symptoms; you treat your cases confessedly by means of the "keynote" symptom, which is a very different affair from the "strange, peculiar, and characteristic symptoms" of Hahnemann. If, notwithstanding this, you arrogate to yourself the title of "Hahnemannian," we shall be compelled to prefix thereto the hated "Pseudo;" but if you are content to announce yourself as a homœopathic physician, we should, in describing your medical status, merely add that you were an "extremely high dilutionist," and to this epithet you surely cannot object.

To Dr. Morrisson we would say, that a recitation of the shortcomings of an individual practitioner—who probably makes no great profession of the purity of his practice—cannot in any way justify the title of the extreme high dilutionists to the special name of Hahnemannians. That there exists the most perfect liberty for the statement of supposed facts, and the discussion of opinions, your own article in the last number of the *Review* affords proof.

To both of you we would urge the importance of distinguishing the *facts* collated by Hahnemann, and the *laws* he deduced from them, from the frequent expression of his private opinion on such matters as the dose question, when unsupported by the presence of a single related fact. And we would further ask you—if these remarkable facts about high dilutions be true—has any one, from Dr. Lippe downwards, brought, by the use of these dilutions, any one disease which afflicts humanity from the realm of incurable to that of curable? and if not, has any one, by these special means, reduced the time required for the cure of curable disease by 20, 40, or 60 per cent? A satisfactory answer to these queries, supported by the testimony of indubitable facts, will go farther to settle this controversy than hundreds or thousands of letters, such as we have inserted in the current issue.—*Eds. M. H. R.*]

ART IN HOSPITALS.

To the Editors of the Monthly Homœopathic Review.

Sir,—In spite of my being an Allopathist let me appeal to your readers in favour of a project that will benefit the Hospitals of London, regardless of the doctrines practised by their medical men.

All who have any acquaintance with the interiors of our London Hospitals must have been struck by the excessive dreariness of most of the wards. It is time that this were remedied. A little energy on the part of a few philanthropists and artists, aided by subscriptions from the general public, would suffice to accomplish this improvement.

I advocate the brightening of the wards, and the cheering of their inmates, by the addition of suitable pictures, plate, bronzes, carvings, bric-à-brac, old armour, china, sculpture, ornamental clocks, fancy glass, tasteful glazed tiles, parquet floors, and other art decorations of all sorts, that combine art with education and hygiene.

Two models will be exhibited to the public, one to show the usual sick-ward, the other to represent the use of art in the various kinds of hospitals.

Later I trust that some public place will be granted for the temporary storing and exhibiting of art contributions, prior to their distribution to the hospitals of London.

As a nucleus I contribute one hundred guineas to the committee of the "Art Fund for the Hospitals of London."

Pray generously grant this scheme the moral support of your valuable paper, and believe me to be, Sir,

Yours obediently,

84, Gloucester Terrace,
Hyde Park, W.

J. LAWRENCE HAMILTON.

SEA-SICKNESS AND APOMORPHIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the December number of your journal there is the record of a case of severe sea-sickness, cured by *Apomorphia*, by Dr. Skinner.

Looking at the physiological effects of the drug, it would seem probable that it will be found to be a specific for sea-sickness.

Besides the boon that such a discovery would confer on the human race, and on those poor dumb animals who, now-a-days, are transported by the thousand—too often under very painful conditions—it would certainly be an honour of which homœopathy

might be proud to have extracted this remedy from her *Materia Medica*.

Will you, then, allow me to suggest to those homœopathic practitioners who reside in the neighbourhood of our outports, that they should use their influence with the shipowners of their districts, and especially with those in the emigrant trade, to accept a supply of this medicine, and to direct their captains to administer it in accordance with the directions given by Dr. Skinner, viz., "*Apomorphia* 8, ten drops in half a tumbler of cold water, a table-spoonful every hour or two till better." After this improvement it might, perhaps, be desirable to increase the intervals to three or four hours, till perfectly well.

Your obedient servant,

Leeston, Weston-super-Mare,
February 14th, 1877.

FREDERICK SMITH.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Letters have been received from Drs. Bayes, Berridge, Morrison, Blackley, and Mr. Cross, London; Dr. Sharp, Rugby; Mr. Clifton, Northampton; Dr. Nankivell, Bournemouth; Dr. Hughes, Brighton.

BOOKS RECEIVED.

Condensed Materia Medica. By C. HERRING. Boericke & Tafel. New York and Philadelphia. 1877.

Taking Cold, the Cause of Half our Diseases. By J. HAYWARD, M.D. Sixth edition. London. Gould & Son. 1877.

Guernsey's Homœopathic Domestic Practice. Edited by Dr. THOMAS. Sixteenth edition. London. H. Turner & Co.

Popular Guide to Homœopathy for Family and Private Use. Seventh edition. London, 1875. H. Turner & Co.

Vade-Mecum, ou Guide des Mères. Par le Douteur H. RICHARD. Bruxelles, Manceaux. 1876.

The Homœopathic World, March. London.

The Chemist and Druggist, March. London.

The American Observer. February.

Valedictory Address to the Graduating Class of Hahnemann's Medical College and Hospital of Chicago. By G. A. HALE, M.D. 1877.

L'Art Médical.

Rivista Omiopatica.

Bull. de la Soc. Méd. Homœopathique de France. October, November, December, 1876. Paris.

Bibliothèque Homœopathique. January, 1877. Paris.

United States Medical Investigator. February. Chicago.

Allgemeine Hom. Zeitung. March, 1877. Leipsic.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

ART IN HOSPITALS.

THE present is undoubtedly an age of revival in art. It is not so much that artists are more thought of than they used to be, that higher prices are given for pictures painted by artists of reputation, or that exhibitions are crowded with visitors. This might be, and is in the case of many, the result of fashion. But when a true revival in art-feeling is developed, it is shown in minor departments as well as in the picture gallery. When one's taste for the beautiful is thoroughly educated, one finds even in one's own house, small though it may be, ample opportunity for gratifying a love of art, and cultivating it still further. There is hardly an object, however useful its intention, which cannot be made either ugly or beautiful, in either case at about the same cost. It is in these details, if one might call them so, that the growing taste and love of art in the present day displays itself. Twenty, or even ten years ago, in the interior fitting up of a dwelling-house, in the so-called ornamental parts of it, still more in the useful departments, there was an utter disregard of any attempt at carrying out the rules of art, except, of course,

in the case of those noble old mansions where the decorative and useful articles were those of previous generations, bequeathed as family property to descendants. Except in such houses, one found the furniture of the ugliest, the patterns of the carpets of the "loudest," or the most absurd description, the colours badly arranged, and in the most glaring opposition or contrast to one another. The drawing-room wall-papers were as nearly a mass of white as possible, relieved, if one can call it a relief, by bouquets of flowers in gold; the cabinets were as bad in design as possible, while, with the fall of the price of plate-glass, the ambition became general to have enormous mirrors, extending from the mantel-piece to the roof, and sometimes occupying the greater part of one side of a room. Really beautiful or tasteful pieces of furniture were reckoned "old-fashioned," and disposed of for "an old song," to be replaced by the fashion of the day, while the idea of displaying any taste in bedroom ware, or in such a thing as a common jug, or water-bottle, or wine-glass, seems never to have been thought of. Now, however, we are glad to say, a new era has been inaugurated. Furniture now shows evidences of careful design, the old beautiful shapes are revived, and "fancy" prices given for the genuine old article, which twenty years ago might have been picked up for next to nothing; the chintzes, curtains, wall-papers, and carpets, are rich and harmonious in colour, while their designs are the work of true artists, who think it not wasted labour to bestow thought and wealth of design on such everyday articles of use, in order to gratify the eye and the whole being of the purchaser of kindred sympathies with themselves. Nor is this love of the beautiful confined only to such large articles of furniture as chairs, cabinets, curtains, carpets, &c., but the same care and laborious love is shown by the artist in the dinner-glass, the china

or stoneware from which one eats and drinks daily, in the common beer-jug, and even in the bedroom and kitchen ware. In fact we now see that there is hardly a single household article, however common its use, which cannot as easily be made beautiful as the reverse, and, what is more important, the cost is about the same in both.

The result of this revival in art, this lavish display of design and taste on the most trivial article of household use is, that one's feeling for the beautiful, and one's whole inner sense is refined and elevated by continual contact with beauty, and a charming feeling of mental repose is experienced after the day's toil, when one sits down and passes one's eye round the room, drinking in the harmonious combination of design and colour. In this liberal and benevolent country of ours, the charitable institutions of which we are justly proud, this *renaissance* has no sooner become general than it occurs to kind-hearted gentlemen to share the pleasure they experience at home with the sick poor, who are treated in hospitals. These are now-a-days frequently nursed by ladies, and always by careful and kind nurses; they are looked after by friends, bouquets of flowers are sent to gladden their eyes, and newspapers to amuse them, and why, it is asked, should we not have art in hospitals? Why should we not so decorate and beautify the wards that they shall be as beautiful and refined as a lady's bedroom?

A movement to give a practical answer to this question has been set on foot by Dr. LAWRENCE HAMILTON, whose letter we had great pleasure in publishing in our issue of last month. Dr. LAWRENCE HAMILTON's proposal is, that a fund, to which he generously offers a hundred guineas, should be raised for the purpose of purchasing works of art, in order to decorate the wards of hospitals

of which, he says, "the excessive dreariness" must have struck all who have any acquaintance with them. He advocates "the brightening of the wards, and the cheering of their inmates, by the addition of suitable pictures, china, sculpture, ornamental clocks, fancy glass, tasteful glazed tiles, parquet floors, and other art-decorations of all sorts, that combine art with education and hygiene." Now, however much we sympathise, and we do sympathise, with Dr. HAMILTON's love of decorative art, and with his desire to make the hospital as comfortable, cheering, and elevating as possible to the sick inmates, we cannot but think he goes too far, and tends to bring this issue to a "*reductio ad absurdum*." He certainly lays himself and his scheme open to such criticism as appears in Dr. YELDHAM's letter to us this month. In our opinion Dr. YELDHAM goes to the opposite extreme, and on what we think (to a certain extent), mistaken grounds, rather throws cold water on the proposal. The right course seems to us a medium one,—one by which we can adorn our hospital walls, and elevate the taste of the patients, without going into the extreme of making the wards vie with the drawing-room of a wealthy connoisseur in art-antiques.

Dr. YELDHAM certainly is correct in saying that the wards of hospitals are, as a rule, not characterised by "excessive dreariness," as Dr. HAMILTON, in his enthusiasm, describes them to be. To any stranger visiting them, they give the impression of cleanness, cheerfulness, and comfort, such as few of the patients are accustomed to at home when they are ill; while in most hospitals texts, illuminated and in ordinary large type, the prospect of which to a sick person is the reverse of dreary, hang on the walls.

But if you make the wards really beautiful without extravagance in style or money, it is an object worth a little thought and trouble. Dr. YELDHAM argues that, because

the majority of the homes of hospital patients are "neither sweet, clean, nor [ornamental," that there is no need for bestowing much attention on decoration, especially as "many thousands of their betters have to endure their illness in rooms which cannot boast of a picture or a statuette."

Now, with due deference to Dr. YELDHAM, this is no argument at all. We all know how, when one is sick and unable to occupy one's self in reading or working, the hours pass slowly, and one's eyes dwell on the surroundings of the room, and observe minutiae in a way that one never does in health, while, if there happens to be a pretty picture on the wall, or a bit of ornament on the mantel-piece, or a flower on the table, the hours pass pleasantly in observing all their detail, till they are actually loved, and in after years are remembered as bright spots in a time of pain and illness. Is it not then a mission of love to bring such objects before the eyes of the hospital patient, who is away from his home, were it for no other purpose than to lessen the feeling of home-sickness which a patient in hospital so often has? All the more that such comforts and delights to the eye are not to be had at his own home; and if thousands in better circumstances have to lie on beds of sickness surrounded by no such luxuries, we can only regret that it should be so, but admit that it is impossible of remedy, except by private kindness. Dr. YELDHAM asks, besides, whether such artistic surroundings would be appreciated by the hospital patient, and argues in the negative because, when one goes into the wards, the patients who are able to be out of bed are found sitting over the fire in winter, and round the tables in summer, chatting and gossiping. We need only show Dr. YELDHAM the fallacy of this argument by asking him whether he appreciates his pictures and ornaments less, because he

is not for ever looking at them, but sits over the fire in winter talking with his friends.

While we thus cannot agree entirely with Dr. YELDHAM's views, we consider Dr. HAMILTON's unpractical, and undesirable, even though they were practicable. To decorate a ward in the way he proposes would be to emulate the drawing-room or dining-room of a wealthy connoisseur. Even were such an extreme suitable, the expense involved in carrying it out would, we agree with Dr. YELDHAM, be quite unjustifiable at a time when the necessary expenses of the working of a hospital are so great as to render the funds at their disposal in so many cases inadequate, and oblige managing boards to contemplate the necessity of shutting up so many wards. This is a vital objection. And moreover, were the scheme carried out as Dr. HAMILTON proposes, if the articles of *vertu* did not become receptacles for dust or for infectious particles, it would involve, as Dr. YELDHAM properly points out, unnecessary and unreasonable labour on the part of the nurses in preventing them becoming so.

The true plan is to hit the middle course, viz., to beautify the wards in such a way as is compatible with limited cost, cleanliness, and little or no additional labour to the attendants. What we should propose would be that the walls be painted in the upper two-thirds in some quiet soft neutral tint, that the lower part or *dado* should be painted in some dark colour, which would harmonise with the upper part; that below the cornice, a stencilled border of chaste patterns should be added, or in its stead, a continuous border of tastefully illuminated texts; and that a stencilled border be introduced above and below the upper line of the *dado*. The doors and wood-work should be painted in the same colour as the *dado*, while the floor should be stained, or painted and varnished, of the colour

of dark old oak. This could be done at an expense very little exceeding the most common style of wall-painting, and would produce a charming, soft, reposing effect to the eye. The proposed colour of the floor would have this advantage, that dust would be quickly visible upon it. The border of illuminated texts could be done by the hand of artistic and benevolent ladies. On the walls, also, we should like to see a considerable number of tastefully illuminated texts in letters so large as to be legible from any point in the ward, and engravings of pictures which have for their subjects themes appealing to the most uneducated taste as well as to the most refined. On the mantelpiece and on brackets, of which there might be three or four in each ward, might be placed a few blue and white plates and vases of Delftware. This ware is really beautiful, and highly decorative—as effective, in fact, for decorative purposes as the best oriental china, and to be procured for a few shillings.

Some of our readers who laugh at “china mania” may think this suggestion of a few pieces of blue Delft vases and plates ridiculous, but if such sceptics will only observe what an artistic finish a few bits of blue and white china or earthenware give to a room, which previously contained no such ornaments, they will be satisfied, even though they possess no “knowledge of china.”

A ward in the style we have suggested would be a really beautiful room, open to no objection of extravagance in style or expense, or of hygiene.

Our liberal and excellent friend, Mr. FREDERICK SMITH, of Weston-super-Mare, has taken up this subject enthusiastically, and in the *Malvern News* proposes a scheme of wall-decoration which we think is a very mistaken one. He proposes to hire some poor but talented artist at £200

a year, to copy the "old masters," which copies are to be hung up in the hospital wards. He thinks that if the managers of the hospital could "diagnose" a rising young man, copies which he would be glad to execute at £20 a piece might in time become so valuable as to be a source of income to the hospital from their sale. Mr. SMITH forgets that if the managers should happen to make a mistake and entrust the copying to a man who should in after life never rise above the level of mediocrity, his pictures would probably fetch £5 in return for their cost of £20. But putting aside this possibility or probability, the "old masters" are not the class of pictures at all suited in our opinion for the wards of a hospital. We repeat that the class of pictures suitable for the object are those which are simple in theme, and appeal to the imagination of all classes, and yet are true works of art. Of such pictures, in the shape of engravings, there is no lack; and as prints of these are by no means expensive, there would be little difficulty in procuring them as gifts from benevolent patrons.

We may only add that the plates and cups from which patients eat and drink can now be procured in stoneware of beautiful design at the same, or nearly the same, cost as the plainest or ugliest dishes.

Nothing would rejoice us more than to see the wards of our hospitals decorated in the simple yet beautiful style we indicate, and we are very much mistaken if the patients would not look back with as much pleasure to their stay in hospital, and to all its pretty surroundings, as "Maggy" in *Little Dorrit* did, on account of the "chicking" she then feasted on.

ON THE NATURE OF DRUG-ACTION.

*A Lecture delivered at the London Homœopathic Hospital,
Thursday, February 22nd, 1877.*

BY DR. RICHARD HUGHES.

WE have been occupied for the last two Thursdays in considering the explanations which have been offered regarding the *modus operandi* of remedies given upon the principle "let likes be treated by likes." I have examined the views of Hahnemann himself; of Fletcher, as expounded by Drs. Drysdale and Dudgeon; and of Drs. Bayes, Sharp, Pope, and Dyce Brown. I have been compelled to the conclusion that none of them were sufficiently supported by evidence, or in such accord with our present knowledge, as to be accepted as affording the true *rationale* of homœopathic cure. It may be that you will expect me, on this last occasion of my addressing you at present, to put forward some theory of my own in substitution for those which I have called upon you to reject. Could I do so, it would be only fair that I should afford to those I have criticised an opportunity of criticising in their turn. I much regret that I cannot give them this most reasonable satisfaction; but indeed I have no theory to propose. I have, it is true, certain suggestions to offer, certain indications of hopeful outlook to exhibit. But my main object to-day will be to bring before you an outline of the materials from which I conceive all future theory must be constructed, of the *data* we have for understanding the nature of drug-action.

I would begin by reminding you that the basis of all our knowledge on this point must be the science of physiology. Physiology tells us of the healthy substance and functions on which drugs act: we cannot begin to think of the manner in which they disorder unless we understand the order they derange. This, thanks to the unwearied labours of several generations of students, is very largely known. Some portions of it, indeed, are still obscure; some are yet of doubtful significance. But a large tract is fully open to our gaze, and there is substantial agreement as to its general features. It would be quite beyond my province to sketch here, however briefly, the special physiology of the body. But there are certain general principles regarding it which

I must recall to your minds; if for no other purpose, at least to define the basis on which my reasonings about drug-action will rest.

First of all, then, I conceive it must be postulated that this organism of ours is not alive throughout and in every part. Whatever modifications may be required in the time to come in "the protoplasmic theory of life," I think there can be no doubt of its substantial truth. The difference between hair and nails at the one extreme, and the amœboid white corpuscle of the blood at the other is obvious; and we may follow either inwards or outwards as the case may be for some distance, ere we come to a region of doubtful import, where there may be gradual transition or a sudden transformation. All on one side is life: on the other, it is non-life. Now this white corpuscle, which I have taken as the type of living matter, is a structureless, transparent, colourless, semi-fluid substance, consisting of minute spherical particles, of very complex chemical constitution, and in continued spontaneous movement. Such is living matter everywhere, whether it be naked, as here, or, as in other parts (the cell for instance), associated with material of another kind. The cell-wall may be taken as a type of this other substance. In it there is the beginning of structure, of rigidity, and perhaps of colour. It is "formed material," and so far has passed from life to death, and has become the subject of chemical and mechanical laws, of which in its living state it was independent. Such formed material constitutes the great bulk of the organism both of animals and of plants, and determines the manner and fashion of their lives. But that which, in all and everywhere, lives the life is the protoplasm itself, the same whether animal or vegetal, the germinal matter which, like a soul, forms its own body, inhabits, and animates it.

To this protoplasm life belongs, as elasticity belongs to india-rubber. Life is not a force, playing about it only at times, and capable of interchange with other forms of energy: it is its fixed, inherent property, never to leave it as long as it maintains its own integrity. But all this has been so fully expounded for us of late by Dr. Drysdale* and Dr. Madden†, that I need not dwell upon it here. I wish

* *The Protoplasmic Theory of Life*. Bailliére, 1874.

† *Monthly Homœopathic Review*, xv., 587.

only to avow myself an entire adherent of the doctrine which the former has expressed in the two following propositions:—

“1. That vitality does not reside in a separate principle, but depends upon the mode of combination of the organic parts themselves; and hence there can be no central vital influence communicated to the parts and dominating them, for the vitality of each must be inherent in itself, and, as a property of the material compound, cannot be transferred to the smallest distance; each part, organ, and even cell, therefore, possesses a quasi-independent life, and they are all bound together to form an individual merely by the ties of a central nervous system and common circulation, or some similar means when these are not present.

“2. That the property of vitality does not reside equally in the various organic structures requiring such different physical properties, but is restricted solely to a universally diffused, pulpy, structureless matter, similar to that of the ganglionic nerves and the gray matter of the cerebro-spinal nervous system.”

The doctrine is here stated in Fletcher's language, but this is in entire harmony with the latter putting of it which we have from Beale and the German physiologists.

Now this protoplasm, as it is the only vital substance, so does all the vital work of the organism. There is, of course, plenty of mechanical and chemical work done there, but with this we are not at present concerned. It is protoplasm which effects all those operations which belong peculiarly to living bodies. It is the formative agent for all their tissues; according to its situation it dies into (to use Dr. Beale's graphic expression) nerve, muscle, epithelium, areolar tissue, bone. And, lest by such continuous drain on its material it should dwindle away, it has the power of taking up fresh pabulum from the blood, and converting it into its own substance. It has been itself in other situations the appropriator of the food from the digestive canal and its elaborator up to the point at which it reaches the tissues; and now, by a final act of assimilation, it lays hold of it in its altered form, and absorbs it into itself, to reappear as the tissue it has to make. Thus the whole process of *nutrition*, from the time that the mechanical and chemical acts of digestion are over—the chain of operations consisting of chylification and sanguification, of the taking up of the blood-plasma by the tissues, and the formation

from it of new material—all this is the work of protoplasm. No less is *secretion* performed by it. Secretion is but nutrition under altered conditions. It is merely that the matter appropriated by the glandular cells is formed by them into bile, saliva, and so forth, instead of into bone and muscle and skin. The process is the same, and the pro-ceeder is the same—the everywhere-present, everywhere-active protoplasm. And as protoplasm is the agent in nutrition and secretion, so is it the seat of vital *function*. It is this which, in the gray substance of the nervous centres, enables us to think and feel, which receives im-pressions and conveys volitions. It is this, in all proba-bility, which contracts in the muscles. Wherever we have living action—action impossible to the same body when dead, and unknown in the extra-vital world—there we have protoplasm at work.

This will suffice for our physiological basis. But, before we go on to build upon it any theory of drug-action, we must dwell awhile in the region of pathology. Pathology is physiology altered by the causes of disease in general, as pathogenesis—pharmacology we may call it for analogy's sake—is physiology altered by drugs. Hence the one cannot but throw much light upon the other. Since, more-over, pathology tells of that very disorder which by means of our remedies we seek to restore to physiological order, it is evident that we must have clear conceptions and sub-stantial agreement about its principles ere we advance to pharmacodynamics.

Now as we have seen physiology largely concerned with the doings of protoplasm, so also pathology must be. If there are any diseases primarily mechanical or chemical, in these of course it would not come into account. But as most if not all of the maladies to which flesh is heir are disorders of vital processes—alterations in nutrition, secre-tion, or function, protoplasm must be the seat of these also. Let us see how it is in the two most frequent forms of disease, inflammation and fever.

1. The most obvious fact about *inflammation* is the change in the circulation of the affected part; the dilatation of its blood-vessels, the throbbing of its afferent arteries, its own redder colour and heightened temperature. It was natural to suppose that this vascular disturbance was the prime factor of the process; that inflammation consisted in increased determination of blood to a part, and consequent

functional change. But experiment has shown that such elements do not of themselves constitute inflammation. The circulation of a part may be greatly exaggerated by dividing its vaso-motor nerves, and its colour, temperature, and nutritive and secretory operations enhanced in proportion; but no inflammation need occur. The blood flows through it more rapidly, instead of having its current retarded; and there is an entire absence of exudation, and of swelling or pain. On the other hand, let an irritant be applied to a given spot, or conveyed thither by the circulation. There is the same dilatation of vessels and increased afflux of blood; but at the seat of irritation stasis soon supervenes, and liquor sanguinis and corpuscles begin to be extravasated. If any secretion is carried on there, it is (at least as far as the production of fluid is concerned) diminished even to arrest, and nutrition, though still exaggerated, is perverted. There is, in Hughes Bennett's words, increased attraction but diminished selection; and formation is hurried, but imperfect. What can we conclude but that the protoplasm of the part is the seat of the irritation; that the circulatory changes are subsidiary only, and the real seat of inflammation is (as Lister and Virchow teach) the extra-vascular tissues.

2. We have a corresponding series of facts in regard to *fever*, which is—as Fletcher long ago pointed out—inflammation in the system at large. Here, too, the circulatory disturbance is that which arrests the attention, and by which the older observers sought to explain the phenomena. In dilatation of the blood-vessels throughout the frame, preceded or not by their contraction, with quickened action of the heart, they thought they had all the necessary elements of the case. But experiment now proves that we may have these conditions without any fever necessarily being associated with them. They may be induced, for instance, by paralysis of the arteries, brought about by removal of the vaso-motor centres. The result of this proceeding is to make the subject of experiment very sensitive to its environment. If the animal be placed in a hot room, it does become feverish; but if the surrounding temperature be lowered, its own bodily heat falls in proportion, and it may readily die from very moderate cold. Clinical observation, moreover, ascertains that increased heat of the blood itself is the real essence of fever; that the febrile chill, when it occurs, is the first sign that such increase has

begun; and that the subsequent hot period, as also its several common phenomena, depend upon the heightened temperature of the blood stream, and vary with its intensity. Then, going a little farther back to ascertain the cause of the augmented heat of the blood, we find preceding it as well as accompanying it throughout evidence of increased metamorphosis of tissue. That this precedes the rise of temperature shows that it is not caused by it; on the other hand, physiology tells us that it may well be its cause. We can follow Dr. Burdon Sanderson, therefore,* when, after examining all the elements of fever, he comes to the conclusion that at present we must be content to refer it to increased heat-production, and to connect this with the tissue changes occurring in the protoplasm.

I need hardly tell you that fever and inflammation, in their various forms, lie at the bottom—constitute the proximate cause—of a very large proportion of the diseases we have to treat. The remainder are mostly “functional” disorders—increase, diminution, or irregularity of the action of the various organs of the body. As protoplasm has been seen to be the seat of function also, we are not beyond its sphere when dealing with these disorders. The only difference is that we have now to do with its *vis* rather than its *substantia*, with the energy it puts forth rather than with its own internal operations of appropriation, assimilation, and transformation of pabulum. Inflammation and fever belong to it as the agent of nutrition; neuroses, spasms, and such-like derangements are connected with its functional duties. It is here that, under the action of stimuli, we may have a *plus* and a *minus*, and a *minus* following a *plus*: we can hardly conceive of them in inflammation and fever, as these have now been presented.

One word about secretion. This process, though merely nutrition under altered conditions, by this very alteration comes somewhat within the domain of function. It may be altered by inflammation or fever; but it is easy to conceive of it as having a *plus* and *minus* of its own, independent of these processes, independent even of the state of its blood-supply. Idiopathic polyuria, for example, seems to be simply exaggerated functional activity of the Malpighian

* See *Practitioner*, vol. xviii.

- bodies of the kidneys, without nervous or circulatory disturbance to cause it. We must bear this in mind when discussing the influence of drugs on glandular organs.

Another as to the relation of the nervous system to the rest of the tissues. That the various operations of organic life are not carried on by nerves is obvious when we consider that they all exist in plants, without a trace of it being present. We do not need nervous intervention, then, for any of the actions or sufferings of protoplasm; and hence an exclusive neuro-pathology is as false as would be a neuro-physiology. But, on the other hand, the nervous system in man and the higher animals does occupy so important a place that it may take part in every process, healthy or morbid, to some extent; and it would be wrong to limit its possible influence anywhere and on anything. It is not only the seat of animal life, but by its control (through the muscular coats of the arteries) of the circulation it has much power over the organic operations themselves; and if there be secretory and trophic nerves, ending in the cells themselves, it may disturb them still more directly.

Yet one more remark. It follows, from what has been said, that every organ of the body is a complex whole, admitting of being reached in various ways. Its own inherent living matter may be affected; and this either by its nutrition being disordered in the special manner we term inflammation, or by its functional activity being directly increased or diminished, or diminished after previous increase. Again, this functional—and perhaps also nutritive—disturbance may be effected mediately through the nervous supply of the organ, which also has control over the circulation of the part, whose disorder may in its turn be the cause of functional change. Function may also be affected secondarily through altered nutrition, as by the supervention of inflammation or fever.

These, gentlemen, seem to me to be the physiological and pathological *data* required for the construction of a theory of drug-action; and to that subject I shall now address myself.

All writers on the subject begin by distinguishing between the mechanical, the chemical, and the dynamic effects of drugs. The distinction is as true as it is obvious, and the ground of it is not far to seek. Drugs can act

mechanically and chemically upon the body because a large portion of it, being no longer alive, has come under the dominion of mechanical and chemical laws. And that they have another action over and above these exactly corresponds with that which physiology has shown us, viz: that there is in every organism, animal or vegetal, a certain proportion of living matter, exempt from the operation of merely physical laws, and subject to actions and re-actions all its own. The dynamic influence of drugs is exerted upon the living matter of the body—upon its protoplasm.

It is with these dynamic effects of medicines that homœopathy, as a distinctive method, has to do. Homœopathsists—so-called because they acknowledge the rule *similia similibus* and its practical corollaries to be by far the most important thing in therapeutics—may have at times to avail themselves of the mechanical and chemical influences which drugs can exert; and they, as well as others, must understand these and know how to apply them when they are needed. But the method they predominantly follow is concerned with the dynamic actions of medicines only; and to these, accordingly, my further remarks must be understood exclusively to refer.

Drugs act upon protoplasm; but in so doing they make manifest that which is otherwise ascertained to be true, that all protoplasm is not the same protoplasm. They do not affect all parts of the body indiscriminately and alike, but select one or more organs or tissues or regions, and there expend their power. This *elective* action of drugs is no novelty: it has been made the foundation of a system of practice by Rademacher, who himself traces the thought to Paracelsus. But it receives very little recognition in the orthodox school of medicine, and even in homœopathic philosophy has hardly taken the place it deserves. We are, in this country, much indebted to Dr. Sharp for his insistence on the truth of the local action of drugs, though few of us could follow him in proposing to substitute "organopathy" for homœopathy, and advising us to adopt a merely "anatomical basis of therapeutics." But previous to the appearance of his essays bearing these names, Dr. Imbert-Gourbeyre had, in his *Lectures Publiques sur l'Homœopathie* (1865), called attention to the same fact, and formulated it as the "law of electivity." Dr. Drysdale also has laid much stress on what he calls "specificity of

seat," connecting it with the special irritability displayed by the various parts for their natural stimuli and for causes of disease, and extending it to the minutest localities or nerve-branches which have anything independent and special about them.*

Special seat of action is the first fact about the behaviour of drugs, and special *kind* of action is the second. The absence from "organopathy" of any recognition of the latter was the chief objection which most of us felt and raised to it. Dr. Sharp has since admitted kind of action as one of the links of his chain; but he makes little account of it, and seems to consider the (supposed) opposite effects of large and small doses of drugs to be the chief fact of this order. Dr. Drysdale, on the other hand, has dwelt upon and illustrated what he calls the *qualitative* action of drugs at considerable length. He shows that as there are specific as well as common inflammations, so there must be medicines related to the special quality present as well as to the generic lesion—medicines appropriate to gouty, rheumatic, and syphilitic inflammation in virtue of some peculiar similarity to their exciting cause. He goes on to make some very interesting remarks on the fact of certain remedies being specially indicated by the nature of the exciting cause of the morbid condition to be treated—as *arnica* when this is mechanical injury, *dulcamara* when it is damp cold, and so forth. He argues that there must be a qualitative difference in the affections produced by these various causes, and a corresponding one in the drugs which thus become their best remedies. He also points out, as others have done, that at the same seat there may be set up very different pathological processes; that the intestines, for instance, may be affected by cholera, common diarrhoea, the typhoid process, tubercular ulceration, and dysentery, and require different remedies accordingly to modify their disorder.

So far I am entirely at one with Dr. Drysdale. But I am obliged to make another distinction as to the kind of action of drugs which he refuses to recognise. As I have said, he maintains Fletcher's theory that all drugs are primarily stimuli, analogous to the natural agencies so called which evoke the phenomena of healthy life; he will not allow any depression to be caused by them save as the

*See *British Journal of Homœopathy*, xxvii, 86.

exhaustion following over-stimulation, and he thinks (or thought) that they cause the inflammatory (and probably, though he does not mention it, the febrile) process by such primary and secondary actions upon the vascular nerves. I have given my reasons for being unable to follow him here. There are three things, I apprehend, which drugs can do with protoplasm. They can affect its functional operations simply, and this either by exciting or depressing them; or they can induce that morbid change in its work of nutrition and tissue-making, which (in its full development) locally we call inflammation, and generally fever. The function-modifiers are those drugs which, from their giving rise to nervous phenomena chiefly or solely, we call neurotics; and I should add to them the myotics, which seem to influence directly the unstripped muscular fibre. *Strychnia* is the type of the general neurotic excitants, of which there are very few: the general neurotic depressants include all the true narcotics and sedatives, as *opium*, *conium*, *gelseminum*, *curare*, and *physostigma*. Some of those affect mainly or entirely certain divisions of the nervous system—the motor, sensory, or ganglionic; others embrace all in their action. As a direct excitant of (unstripped) muscular fibre I may mention *secale*; as a direct depressant of it, *amyl nitrite*. Then there are local neurotic drugs—as those emetics which act as such when introduced otherwise than through the stomach—*ipecacuanha*, *tartar emetic*, *apomorphia*, and the rest: *digitalis* and *atropia*, in their opposite influence on the cardiac vagus, are other instances of the same class. There may be local myotics, but I do not know any. The modifiers of nutrition form a still larger collection. To this belong all those substances which toxicology classes as irritants, so far as their irritation is not a mere chemical effect, as with the strong mineral acids. That they act topically only, and not when introduced into the circulation, would not disqualify them for this place; but they must be used topically as remedies also. There are many true irritants, however, of which toxicology knows nothing; for they produce no dangerous effects. Nor would they be discovered by the method which has recently come into so much favour—of experiments on the lower animals with large single doses. In this sphere they can only be recognised by persistent administration over a length of time, as carried out by Wegner with *phosphorus*, and by our colleague, Dr. Eugène Curie, with *bryonia* and *drosera*.

But the main source of knowledge regarding them is proving on the healthy human subject. It is thus that we get a number of drug effects which are not explicable on the supposition of a *plus* or *minus* state of any function, but which, if not inflammatory or febrile in the full sense of the words, at least show enough signs of these morbid conditions to evidence a power on the part of the drugs of causing them if pushed far enough, and to lead us, on the principle of similarity, to give them for their cure. How many a feverish condition in childhood yields to *calcareæ*, how many a smouldering inflammation is put out by *sulphur*!

I would divide drugs, then, in their influence upon protoplasm—in other words, their dynamic operation—into two classes, those which affect its performance of function, and those which disorder its nutritive processes. There are, of course, many drugs which belong to both classes, as toxicology recognises in naming some poisons acronarcotics. Each substance must be separately studied, and examined on its own merits. But the classification I have proposed, whether affecting the whole or only a part of the actions, is no less valid. It fits in, moreover, with an important distinction in the dynamic effects of drugs which has been much insisted upon both by Dr. Drysdale and Dr. Madden. The latter, regarding chiefly the fact that some properties are common to a number of drugs—as emesis, purgation, and the like—and others peculiar to individuals,* has named them *genico-dynamic* and *idio-dynamic* respectively. The former, pointing out that the common dynamic effects of medicines are producible at will, while the peculiar ones depend for their production on the presence of a special susceptibility in the subject, would call the one *absolute* and the other *contingent*. Now I think that if these generic actions of drugs, producible at will, be examined, they will all be found to belong to functional excitation or depression; while the peculiar effects, which require special susceptibility, are nearly, if

* See *British Journal of Homœopathy*, viii., 13. So Trousseau and Pidoux. "In special medicines, in medicines properly so called, above all in poisons, we find two elements. They enjoy properties which belong to the whole genus: these are their common properties, which scarcely excite in the organism more than common and general action, as to stimulate, irritate, weaken, calm, etc. But they possess, beyond this, special properties peculiar to each, and which excite in the organism morbid actions more or less resembling the symptoms of disease."—(Introduction to *Traité de la Mat. Méd.*)

not quite always, disorders of nutrition. The subcutaneous injection of *atropia*, for instance, will always dilate the pupil, always depress the inhibitory influence exerted upon the heart by the pneumogastric. But it is only in this individual or in that that it produces a scarlatinal rash or an inflamed throat, that it induces neuralgic pain or excites fever. Dr. Drysdale has forcibly pointed out that it is the contingent effects of medicines which we chiefly use in applying the law of similars, their absolute actions being often entirely incongruous therewith. "For example," he writes, "if we are watching a group of chest symptoms produced by *tartar emetic*, or the characteristic pustular eruption on the skin, and suddenly a large emetic dose is given, though the whole action is certainly that of *tartar emetic*, yet if we admit the vomiting as a part of either morbid picture, we should be unable to comprehend it." On the other hand, the vomiting of *tartar emetic* is a true dynamic action of the drug, and may be used as an indication for its homœopathic application in disease when occurring *per se*, or with its usual associated phenomena. Dr. Imbert-Gourbeyre, also, without distinguishing between the absolute and contingent effects of drugs, lays much stress on the latter, and adds *contingenter* to the *similiter* and *electivé* in which he formulates homœopathic action.

He also adds *omni dosi*. Dr. Drysdale agrees with him, and shows that herein lies another distinction between absolute and contingent symptoms, the former requiring the drug to be given in a certain quantity for their production, the latter being singularly independent thereof. You may, in proving a medicine, reduce the dose until its recognised physiological effects cease to appear; but, unless the subject of experiment be insusceptible to its action, he will manifest one or more of the peculiar phenomena which belong to it. Trousseau and Pidoux, also, who recognise these "special effects" of drugs, say that "if we wish to obtain them, small doses must generally be administered, for then the common effects are very little perceived." Dr. Drysdale believes that the same independence of quantity holds good in disease; and that, where a condition resembling the contingent effects of a drug is present, you can hardly (within certain limits) give so small a dose as to fail to benefit, or (and this is a new point) so large a dose as to aggravate. Everything depends on the special susceptibility of the part; and, this once

exhausted, the medicine has no longer any influence upon it. He illustrates this view by a case in which *glonoin*, given for a neuralgia because of the presence of some of its characteristic pathological effects, caused its well-known throbbing headache, without aggravation—and rather with amelioration—of the troubles for which it was administered. He thus extends the *omni dosi* of Dr. Imbert-Gourbeyre's formula to the other extreme also of the scale. A similar thing appears in provings. You will see ever and anon in Hahnemann's pathogenesies the term "curative effect" applied to a symptom. This does not mean (save sometimes in the quotations from authors, as under *Iodium*) the result of the administration of the drug in disease. It means that the prover who took it, though otherwise in good health, was morbid in this particular, and that the medicine, while causing pathogenetic effects elsewhere, finding disorder already present here reduced it to order. To take an indisputable instance. One of the most constant effects of iodism, as observed in the sensitive Genevese patients, is palpitation; but, "in a case altogether exceptional," Trousseau writes, "M. Rilliet has seen palpitation cease, instead of appearing or increasing, under iodism; *the patient was one habitually subject to it.*"

Let us consider now the bearing of what has been said upon homœopathic action and its rationale.

A drug which by elective affinity acts upon the same part as that affected by disease, and in a similar manner, must needs have a potent influence upon that part when administered as a remedy. It cannot, as in health, induce its morbid action there, for it finds such action already present; it can only do one of two things—aggravate (or keep up) the disorder on the one hand, or on the other reduce it to order. As a matter of fact we find that, unless the dosage is quite unsuitable, it does the latter. Silently and peacefully, without evacuation or other intermediate process, without (again supposing the dose not to be excessive) any disturbance of healthy parts, it extinguishes the morbid action at the seat of mischief; and the only trace of its working is that, where there was a storm, there is a calm; where there was pain, there is ease; where there was weakness, there is strength. Now such medicines are what in common parlance are styled "specifics." Dr. Drysdale defines the character of these to be, that "their whole physiological is absorbed into their

therapeutic action." He is not, of course, speaking of the inner process, or he would not have employed so loose a word as "absorbed," to which Dr. Sharp, supposing him to use it scientifically, objects. He is viewing the process as it is phenomenally, and no phrase (I think) so well expresses it.

And then as to explanation. Are we unable to conceive of this apparently homœopathic action of our medicines being really such? Are we compelled in thought or by fact to believe that their inner action is antipathic? I think that a somewhat different answer may be given according as the effect of the medicine we are using is of the absolute or the contingent order. In those functional exaltations and depressions which many a drug causes, common to it with others, and producible at will if a certain quantity is administered—in such a region we may have primary and secondary actions, we may have opposite effects from different doses; and our cures may be wrought by counteracting secondary states in disease with primary states caused by the drug, or by opposing the action of one dose to morbid conditions similar to those producible by another. Such antipathic medication, whether practised under homœopathic appearances or without them, may accomplish all we require. But I think that *plus* or *minus* functional states like these, though frequent enough in pathogenesis, are far from being common occurrences in the actual disorders we have to treat. When existing at all, they are generally indications of some nutritive disturbance at their root, or single features of a complex state similarly induced. How rarely is paralysis, for example, a purely "functional" disorder! Nearly every form of it is traceable to inflammation or softening of the nervous substance; even the diphtheritic variety, which did seem to have no lesion associated with it, has been found on deeper investigation to be connected with definite central alterations. So that, although the antipathic cure of functional excess or defect is easier of conception, and perhaps more in accordance with fact than the homœopathic, I do not think that we are therefore justified in inferring that all or even the greater part of apparent homœopathy is real antipathy. When we come to nutritive disturbances—to those alterations which in their full development are inflammation and fever, we have entered a different region. There is no *plus* and *minus* of opposition possible here, no conceivable

reverse action of large and small doses in health. We have got beyond dose as an important element in the result; if the contingent susceptibility be present, the drug will cause disorder in almost any quantity, and cure it in almost any. You have only to read a few detailed provings and a chapter or two of Rückert or Beauvais to see that this is so. All laws about the curative dose being as little below the physiological as possible fail here, however they may hold good in the absolute region; for there is no physiological dose for contingent effects. It is very significant that Dr. Sharp admits that he has not yet touched the subject of infinitesimals: all his statements about "large" and "small" apply to differences between grains and hundredths of grains. In like manner I think he will find that he has not yet touched the subject of nutritive as distinct from functional disorder. While in the latter the curative operation of apparently homœopathic remedies may be antipathic, in the former I can see no room for such working and no evidence but against it. *Aut simile, aut nihil*; there is no trace of anything but homœopathy from the surface to the deepest root.

But the final question comes to be, How can homœopathy, how can the action of a medicine working in a similar direction to that of a disease, be curative? To this question I do not think we can as yet give a definite answer. I myself have a strong expectation that the explanation of homœopathic cure is to be looked for in the analogous phenomena manifested by those physical forces which have been ascertained to consist in vibrations or undulations. We have here frequent instances of two streams of influence neutralising one another—two rays of light producing darkness, two successions of sound-waves resulting in silence. There are difficulties in such a conception; and it is far from being proved that the vital operations in health or disease are vibratory motions. At present I only suggest the analogy, which at any rate shows us that we need not have opposition to produce counteraction. I think that for the present we can only say, with Hahnemann, that the irritation of disease is neutralised by that of the medicine, while we need not follow him into his hypothetical additions of the superior strength of the latter, of its substitution for the former, and of its own final removal by the re-acting vital force.

One word in conclusion. We have been dealing in the

three last lectures, but especially in this final one, with the scientific questions connected with homœopathic cure. We may, I think, be glad that that cure itself does not rest upon debateable inferences from yet undemonstrated facts, but is rather the outcome of a sure rule of art. Whatever the doctrines of physiology and pathology may be, it remains certain that the application of drug effects to the symptoms of disease is best regulated by the canon—"let likes be treated by likes." The results of the analysis of either group of phenomena may differ according to the analyst; but the method of healing we call homœopathy deals not with analyses, but with syntheses. It is the connection of clinical observation of disease on the one hand with drug-proving on the healthy human body on the other by the link of *similia similibus*. And here we all agree. We differ, as these lectures have shown, in our explanation of the facts; but we are all at one as to their existence. Those who most stoutly maintain that our medicines act antipathically in the system seek as earnestly as others to ensure their being as homœopathic as possible on the surface. I am not one who would bar inquiry into the theory of the facts with which we have to deal; on the contrary, I know of no art which has not been enriched by its associated sciences. But we must all be thankful that the arts preceded the sciences, and that they have their own independent life. It is as one of the modes—to our minds, by far the best mode—of the Art of Healing that homœopathy advances its claims, and challenges criticism.

STUDIES IN THE MATERIA MEDICA.

BY D. DYCE BROWN, M.A., M.D.

V.—AILANTHUS GLANDULOSUS (*The Tree of Heaven*).

THIS remarkable medicine has only lately been introduced into practice by Dr. Wells, of Brooklyn, New York, who perceived its analogy to cases of malignant scarlet fever, and recommended its use accordingly. Experience has confirmed its value in such cases, but I am not aware that the study of its pathogenesis has led to any more extended employment of the drug. But it will be evident from such a study that *ailanthus* has a much wider range of action. Its power is chiefly manifested in disturbance of the cerebro-

spinal nervous system. It has many points in common with other medicines, but differs remarkably from those to which it is most allied. Its action is in fact unique.

Ailanthus produces an unmistakable state of congestion of the brain and spinal cord. The congestion is not of the active, arterial type, such as is produced by *belladonna*, but approaches more to that of *opium*.

The prover becomes dull, languid, depressed, and indifferent to his own state, or, on the other hand, may be anxious and restless. He feels languid all over, incapacitated for any mental effort, has to read over several times what he is reading before he can comprehend it, or has to count figures over and over again before he gets them right. In advanced stages there may be insensibility, with low muttering delirium, not the active, excited, delirium of *belladonna*.

He complains much of vertigo, which prevents him walking straight, and objects seem to move before him ; also of heavy, dull, oppressed, or congestive headache all through the head. Along with this headache and vertigo, comes sympathetic nausea and vomiting.

He has a tight constricted sensation in his chest, as if it were strapped : a similar feeling of a tight constriction in the abdomen ; pains all up and down the spinal column, from the head to the sacrum ; pains in the region of the scapulæ and hips, with very marked numbness or tingling in the arms and legs, and feeling of heaviness and pain in the feet. The import of such symptoms, even in the absence of *post-mortem* investigations, is unmistakable.

Portions of the mucous membranes are irritated ; thus in the eyes the conjunctivæ are inflamed and red, and there is feeling of sandy pain in them, while light causes lachrymation.

Next comes marked throat irritation, redness of the tonsils and fauces, with painful ulcerations, swelling of the parotid and cervical glands, and general appearance of swelling in the neck. There is hawking of mucus, or muco-pus, and once of " flakes " of expectoration, which are detached with difficulty.

There is slight bronchial irritation, causing spasmodic cough, and feeling of burning in the chest, while the neurotic symptoms of the chest are still more observable. Besides the constricted feeling already noticed, we find asthmatic breathing, wheezing sounds, and difficulty in

expanding the chest. We find also mucous membrane irritation in the bowels, causing diarrhoea, and a feeling of insecurity, as if diarrhoea were going to come on.

The irritation of the stomach, as shown by the nausea and vomiting, is, I think, entirely, or at all events chiefly, sympathetic with the brain disturbance, and not indicative of gastric disturbance *per se*. The tongue is coated white, with brown in the centre. The urine is suppressed, and the pulse quickens.

A low type of fever supervenes, with cold perspiration, rapid, small pulse, and muttering delirium.

Along with these phenomena, a remarkable eruption appears in the skin, best marked on the face and forehead. It is described as being like that of measles, or like the eruption in malignant scarlet fever.

The face, in the parts between these livid blotches is sometimes sallow, sometimes red and hot.

The prover experiences a general languor and weakness, when there is no fever.

Such a remarkable pathogenesis must be of therapeutical value, more than the single use of the drug in malignant scarlet fever, or in suppressed eruption in the same disease, and I hope that it may be tried in the various diseases which I shall shortly mention, and in which, to me, the drug seems well-indicated. It ought to be a valuable addition to our stock of medicines which have a special and clearly marked action on the great nervous centres.

With this general sketch of the action of *ailanthus*, let us examine minutely its pathogenesis.

I. *Mind*.—*Ailanthus* has a well-marked effect on the mental faculties, indicating a depressed state of brain function. There is a feeling of lowness of spirits, and general depression, inclination to sigh, and indifference to whatever may happen. This state may be replaced by a state of restless anxiety. When the effects become more decided, we find evidences of confusion and weakness of intellectual power. The prover finds himself unable to concentrate his thoughts, and has to go over what he is reading several times before he can comprehend it, even in an imperfect way; when he proceeds to add up a column of figures, he finds it difficult to do so correctly, and has to go over it several times. With this state of confusion there is loss of memory, and even mental alienation is reported to have occurred. When the poisoning is severe, this state of

brain irritation may end in insensibility and low muttering delirium.

Read in the light of the pathogenesis which follows, these symptoms are of great importance. They indicate a state of brain irritation, and suggest *ailanthus* as a valuable remedy in states of brain congestion, as in cases of threatened apoplexy. But we find that in cases of brain irritation arising from other causes, as over-work, worry and care, the cerebral symptoms are wonderfully like those of a threatened apoplectic attack, and *ailanthus* should be a remedy of great importance in the cerebral and nervous results of brain fag, or excessive hurry. I shall point out as I go on additional indications for its use in this disorder. There are also, as we shall see, well-marked indications of its use in suppressed scarlet fever and measles, this brain-confusion being the medicinal analogue of the oppression and depression of the brain, which, when the eruption of scarlet fever or measles is suppressed, is so apt to supervene.

Head.—The head symptoms are all cerebral ones, and consist of vertigo, headache, and evidence of irritation in other parts of the nervous system, connected with the brain. The vertigo is well-marked, is chiefly on moving, is associated with nausea and retching, causes the prover to have difficulty in walking straight, and to see objects as if moving up and down. The character of the headache is that of a dull, heavy, compressed, full, hot feeling all over head. This headache is accompanied by the stupid state described under "Mind." Pain also is complained of, specially in the forehead, of a dull, heavy, pressing character, "which indisposes to, or even incapacitates for, mental labour." Sometimes, again, it is in the occiput. In one case it is noted that, associated with the "thick heavy feeling in the head," letters and figures look blurred. Once also a sensation as of an electric current passing through the left side of the brain to the extremities was noted. Other nervous phenomena will be mentioned when speaking of the extremities. These head symptoms point not so much to acute congestion, as to an oppressed brain, with a state of passive or venous, rather than active or arterial congestion; and they indicate *ailanthus* in the dull, heavy, confused state of brain which forewarns an apoplectic seizure; also in the state of oppression and venous congestion which occurs in severe cases of the specific febrile disorders, as in scarlet

fever, when the eruption fails to appear, or disappears suddenly. *Ailanthus* also will probably be of service in headaches of this passive congestive character, when there is no gastric disorder to produce it, but when vertigo and confused feeling are present along with the headache. It also seems to me that it ought to be useful in the dull, heavy headache, incapacitating for labour, which arises from brain-fag, or over-worry. It may seem an anomaly to recommend one remedy for a state of oppression of the brain arising from venous congestion, and also for a brain worn out and irritated by over-study, or over-hurry, or both, but the anomaly is only apparent. In cerebral irritation from over-study, over-work of any kind, or excessive worry or anxiety, we find symptoms very similar to what we find present in a case of undoubted cerebral congestion, with impending apoplexy. We have in both the mental irritability or the reverse state of apathetic indifference, the heavy, dull, stupid headache; the want of power to concentrate the thoughts on any subject, the general confusion, loss of memory, vertigo, and seeming motion of external objects. We have the sleepiness or sleeplessness; the altered nervous sensations in the limbs, such as tingling or numbness; the pains in the back, and the general languor. In fact it is sometimes a matter for a careful diagnosis to ascertain to which category a case belongs. Worry, moreover, or overwork, produce a state of brain closely allied to, if not actually amounting to, decided venous congestion.

Ailanthus, then, is just one of those medicines which produces a marked irritant action on the cerebro-spinal system, the symptoms of which have many points in common, both with unmistakable venous congestion, and with that state known as "brain-fag." It is a medicine likely, on this account, to be serviceable in both states.

Eyes.—Marked redness of the eyes occurs in the pathogenesis, but the redness seems to me to be more than the congested red eyes of brain oppression and congestion. The symptoms recorded point to a true conjunctivitis. Thus we find "eyes feel rough and irritated, as from wind and dust." "Smarting and aching as from powerful astringents." "Burning in the eyes." Light is disagreeable, and causes lachrymation. "Conjunctivitis, with redness and inflammation, extending around the external canthus." "Purulent discharge, with agglutination of lids

in the morning." Here we have more than mere passive engorgement of vessels. Therapeutically *ailanthus* is indicated in idiopathic conjunctivitis, or in that form of conjunctivitis which we find present in measles.

Nose.—Nothing particular is noticeable here, except a trivial state of catarrhal dryness of the mucous membrane.

Face.—The complexion is sometimes sallow and dusky, with dark circles round the eyes, and "irregular spots of capillary congestion, as in the face of a drunkard after a debauch." In other cases, and most generally, the face is hot and red, and covered with a "miliary eruption," of a dark, almost livid colour. This eruption, which appears all over the body, is more marked on the face, especially on the forehead. One prover says that the eruption has an exact resemblance to ordinary measles.

There is also noted in one prover a painful red swelling, of a puffy character like erysipelas, on the left side of the face and nose.

The eruption seems to be like measles, or the livid eruption of malignant scarlatina. This, taken along with the throat and cerebro-spinal symptoms, points out, as Dr. Wells first suggested, *ailanthus*, as, probably a valuable remedy in malignant cases of scarlet fever, or in cases where the eruption is suppressed, and only shows itself by scanty livid spots. I should also suggest its use in bad cases of measles, where the eruption fails to come out, or retrocedes suddenly, or is livid. For, not only have we an eruption very like that of measles produced, as testified by the observers, but we have also the conjunctival inflammation, a slight amount of nasal catarrh, cough and difficult breathing, with tendency to diarrhoea, while the symptoms produced by the suppressed eruption, or an eruption peculiarly livid, are similar to those produced by a corresponding condition in scarlatina. The provers also complain of neuralgic pains in the upper and lower teeth of the left side, extending up into the face and head, relieved by pressure, and worse on lying down.

Tongue.—The *ailanthus* tongue is one covered with a thick whitish coat, brown in the centre.

Throat.—The *ailanthus* causes well-marked throat irritation. The milder form amounts to a feeling of a rough, dry, choking, or scraping sensation in the throat, with accumulation of mucus, or muco-pus ("yellow matter"), which

produces a constant hawking to clear it away. One prover notes "great accumulation of matter, part of which is easily expectorated, while a portion is with much exertion detached in flakes." This gives one the idea of diphtheritic patches, as no other kind of secretion from the throat takes this form. In the more severe form, deglutition is painful, the pain goes up into the ears, the fauces, tonsils, and pharynx are seen to be red, with spots of ulceration, which feel sore. The parotid and the glands of the neck enlarge and become tender, while the neck generally gives a swollen appearance. Such a throat is a still further indication for the use of *ailanthus* in the cases of scarlet fever already described. Taken along with the symptom lately noticed of the flaky expectoration, which is detached only with exertion, and with the oppression of the nervous centres, I should think that it would be well worth a trial in diphtheritic sore-throat, while in tonsillitis, when there is much ulceration, with much glandular swelling, and general vital depression, it ought to be of extreme service.

Appetite.—As one might anticipate, there is want of appetite, disinclination or disgust for food, and everything tastes flat and disagreeable.

Stomach.—The prominent stomach-symptoms of *ailanthus* are nausea and vomiting. But the more one examines the pathogenesis, the more clearly is it seen that the gastric irritation is cerebral, and not dyspeptic. The nausea comes simultaneously with the head-symptoms, and with other neurotic sensations. One symptom recorded thus,—“With the nausea are oppression and pain below the hypochondria, in some like a stricture below the short ribs, some find this symptom very debilitating”—is important. It, to my mind, is clearly the well-known sensation of a tight cord round the waist, which occurs in cases of congestion of the spinal cord; and this view is strengthened by the sensations which we shall presently see are felt in the extremities.

Abdomen and Stool.—*Ailanthus* produces a considerable amount of intestinal irritation, as shown by an uneasy sensation of “insecurity,” or of impending diarrhoea; sometimes the pain is of a burning character. This is followed by actual diarrhoea, of a watery character, and also in one case of a dysenteric type, with griping in the abdomen. Once constipation resulted. Once tympanitis is noticed, and once tenderness over the hepatic region. When diarrhoea is a part of the state of blood-poisoning

similar to that produced by the *ailanthus*, the presence of his symptom will be an additional indication for its employment.

Urinary organs.—Here one symptom is noted, and only once, viz., “urine suppressed.” From this slight notice no definite indications can be drawn, further than to notice that suppression of urine is a not infrequent concomitant of the state of vital depression, or blood-poisoning, such as I have more than once described.

Genitals.—Here also is one symptom, which I quote entire: “A sore appeared on the prepuce of the prover, which had the exact appearance of an incipient chancre; it dried up and disappeared in a few days after ceasing the *ailanthus*.” The exact meaning and therapeutical value of this is not clear, and must remain for further elucidation.

Cough and Chest.—A deep, exhausting, spasmodic cough, with muco-purulent expectoration, free in the morning, scanty and sticky during the day, but giving ease to the cough when expectorated, is noticed in some of the provers. There is marked feeling of tightness or constriction in the chest, “as though the chest were strapped;” feeling of difficulty in expanding the lungs; feeling of soreness or of burning in the chest, while the breathing is of the asthmatic type, and in one case “crepitant rhonchus” was noticed. It is stated that asthmatics exposed to the odour are worse during the blossoming period. Here undoubtedly there is a catarrhal irritation of the bronchi, but the neurotic symptoms predominate over the inflammatory. The feeling of constriction so frequently quoted is, I am inclined to think, a symptom of spinal congestion, similar to the constricted feeling in the hypochondriac region. The import of this observation will be seen presently, while the catarrhal symptoms and the spasmodic cough are additional indications for the use of *ailanthus* in bad cases of measles.

Heart and Pulse.—The only state noticed is an acceleration of the pulse.

Back.—Severe aching, or shooting pains are felt, along with the headache, in the neck, all down the back, in the region of the scapulæ, and round the hips. In one prover there was numbness down the left side, from the scapula to the left hip. The symptoms in the two following groups throw further light on this condition.

Superior Extremities.—Here we find remarkable symptoms. The pain in the region of the scapulæ prevents movement of the right arm. Numbness is felt all down the left arm to the fingers, which feel as if asleep. In other cases there is tingling, pricking feeling all down the left arm, and one prover describes an “electrical thrill, extending to the ends of the fingers.”

In the *Inferior Extremities* we find a similar condition, “limbs felt as though they were asleep;” “numbness of the left leg, with tingling, pricking pain in the foot and toes;” “feeling of uneasiness and aching restlessness in the limbs;” “heaviness of the extremities;” “pain in the right foot, prevents walking;” “severe pain in the left foot, a kind of tension in walking.”

Such an array of pathogenetic symptoms—the head-symptoms, the pains in the back, all up the spinal column, the contractive feeling in the chest and abdomen, and the numbness and tingling in the upper and lower extremities, point as unmistakably as possible to a state of cerebro-spinal congestion. I have already spoken of its use in cerebral oppression and congestion, and it only remains to point out how valuable a medicine *ailanthus* ought to be in sub-acute congestion of the spinal cord. In epidemic cerebro-spinal meningitis, also, *ailanthus* seems to me to be more homœopathic than any other medicine we have. The eruption of the one is very similar to the eruption of the other, and although no convulsions have been recorded from the *ailanthus*, yet if the poisoning went a step further than the recorded provings, we might expect to see them developed. In the earlier part of this paper, I expressed a belief in the indication of *ailanthus* in cerebral irritation from over-study, or worry, and in such cases it is by no means unfrequent to find these pains in the back, and tingling and numbness in the limbs, such as we have seen are produced by the *ailanthus*. These conditions, then, confirm such a view of the use of the medicine.

It is worthy of note that most of the paralytic symptoms, and the swelling of the face are noted as occurring on the *left* side.

Sleep.—There is a heavy sleepiness through the day, increased by taking a glass of wine; and unrefreshing and disturbed sleep at night.

Fever.—The fever produced by *ailanthus* is of a low type. The skin may be hot, or hot with cold perspiration, the pulse is rapid and small, and there is a state of general

depression and languor, even though there may be no fever. Such is the pathogenesis and therapeutical value of this remarkable drug.

CASE OF FATTY DEGENERATION OF HEART.

By J. HARMAR SMITH, L.R.C.P., M.R.C.S.

ON November 23rd, 1870, I was requested to prescribe for Maria T——, æt. about thirty, who had for many years been housemaid in a family, on which I had long been on more or less constant attendance.

I had frequently noticed her as a delicate woman, but had never examined her till now, when I found the following symptoms present.

Extreme obesity, amounting to polysarcia, also œdema of feet and eyelids, and of face on first rising in the morning, also of fingers which she says feel numb and dead. Pulse very feeble, felt with extreme difficulty; impulse of heart imperceptible, and sounds undistinguishable. The slightest exertion puts her out of breath, and she has frequent attacks of vertigo. Feet cold (icy), lips and fingers livid, appetite bad, and breath foul. Bowels confined. Urine pale, and tolerably free, not albuminous. She can of course do very little, but having an indulgent mistress, is allowed to retain her situation. *Arsenicum* (6), night and morning.

December 22nd. There being no amelioration in the symptoms at this date, and being persuaded that they were due to fatty degeneration of the heart (although I am aware that there is no actually pathognomic sign of this condition) I placed my patient on a strict "Banting" system, which I was sure, from what I knew of the character of her mistress, she would see was strictly carried out.

I forbade fat and butter, restricted the use of starchy saccharine, and farinaceous food, allowing lean meat, brown bread, green vegetables, &c. Forbade ale and stout, and allowed claret, skimmed milk, whey, &c. *Arsenicum* (3), *sulphur* (2), sing. ter die.

Jan. 11, 1871. Fell last night from vertigo; cut head, bled profusely; vertigo continues, and debility increased.

Continue medicines, and add *R. Ferr. pyrophos.* sol. 1-5th. St. gt. v. ter die.

18th. Debility and vertigo somewhat lessened. Continue medicines.

Feb. 14th. Further improvement. Continue *arsenicum*, *sulphur* and *ferrum*.

March 3rd. Considerable improvement. Continue medicines.

11th. Continued improvement. Continue *arsenicum* and *sulphur*; omit *iron*.

20th. Not so well, feels weaker, œdema of feet and eyelids increased. Take one drop of Fowler's solution three times a day, and omit other medicines.

April 8th. Some improvement. *Arsenicum* (12), ter. die.

17th. Return of vertigo after exertion. *Phosphorus* (2), ter. die. As I had occasion to go from home at this date, she was seen by a Colleague, who gave a most unfavourable prognosis to her mistress.

May 1st. Some improvement. Continue *phosphorus*, and take a pilule of *arsenicum* (2) night and morning.

June 3rd. Continues to improve, though at times she has attacks of vertigo and syncope.

July 13th. A very decided improvement.

24th. Is conscious of deriving great benefit from the medicines; feels low and depressed when she leaves them off. Have now allowed her to return to ordinary diet, requiring only that she should live well.

Nov. 29th. All the symptoms ameliorated; but has still occasional attacks of syncope, and frequently suffers from vertigo. Tinct. *phos.* (5x), 1 drop night and morning. Omit *arsenicum*.

Jan. 25th, 1872. This was my final visit. I found the heart's action nearly normal, and all the symptoms of feeble circulation proportionately lessened. She had still occasional attacks of faintness, though not amounting to syncope, but the œdema was gone, the obesity greatly diminished, and the debility and breathlessness so far lessened that she was able fully to resume her duties as housemaid in the family in which she had remained, for many months, rather as a visitor than a servant. I recommended her to continue the *phosphorus* for some time longer. This she did. I saw her last in the summer of 1875, when she was in good health, and the sole companion and attendant of her aged mother. I will reserve my observations on the *modus operandi* of the medicines in this case for another paper.

7, Magdala Villas, Margate,
April, 1877.

ON VACCINATION DIRECT FROM THE CALF.

By GEORGE WYLD, M.D.

A LETTER having appeared in the *Daily News* on the above subject, from the pen of Dr. Drysdale, of London, at the end of last January, I was at once arrested by the deep importance of the subject, and letters from me urging Government to investigate the matter appeared on the 29th January in the *Times*, *Daily News*, and *Daily Telegraph*.

These letters drew upon me nearly 400 letters and visits, chiefly from medical men, eagerly seeking for further information, and for lymph direct from the calf.

Meanwhile I and a friend of mine proceeded to vaccinate five calves with lymph on points procured from Dr. Warlomont, Brussels—but very much to my mortification all these attempts failed.

Having in a second letter which appeared in the *Daily News* and *Standard* of 17th February, informed the profession of my failure, Mr. Wilson, of Alton, Hants, and Dr. Reynolds, of Staple Bumpstead, Essex, wrote to Dr. Warlomont for further information, and he having kindly sent each of these gentlemen liquid calf vaccine in tubes, they both almost simultaneously succeeded in vaccinating calves therewith. They both sent me points taken from these calves, and these points I successfully used in re-vaccinations. Mr. Allshorn, of the Edgware Road, now keeps a supply of this vaccine.

I was led to use points in my attempts to vaccinate my calves because Dr. Warlomont had published the fact that points were much more successful than tubes in vaccinating human beings, the strange fact afterwards being revealed to me that the reverse was the case in calves.

I may here enter into the question—Is variola and vaccinia the same disease?

Dr. Chaveau, of Lyons, and Dr. Drysdale, of London, dispute this, and our friend Mr. Hands, who occupies the interesting position of having been one of Dr. Jenner's assistants, denies that the two diseases are identical. With these gentlemen I am inclined to agree, for the following reasons:—

1. It is difficult to inoculate a calf with variolous matter, and still more difficult to inoculate a second calf from the first.

2. There is no difficulty in vaccinating a calf with liquid vaccine matter.

3. The vaccine pustule in the calf is slate-coloured, while the variolous pustule is pearl-coloured.

4. Vaccinia in the calf does not decline in power, but it is shown to decline in the human subject by transmission rapidly at first, and then gradually still further to decline.

5. Vaccinia can only be transmitted by insertion below the skin, while variola is contagious.

6. Inoculation of a calf with variolous matter may produce a contagious and fatal disease, but with vaccinia no such results follow.

Jenner in 1796 proved that vaccination protected from small-pox, and his assertion was, after thirty years experience, that it was a perfect protection. This opinion seemed substantiated by the fact that whereas about 50,000 perished annually of small-pox in England at the end of the last century, no epidemic of small-pox occurred in England between 1796 and 1825.

Ten epidemics of small-pox have, however, occurred in this country between 1838 and 1877, and in that time not fewer than 150,000 persons have died of the disease, of which number it is supposed about 60,000 had been vaccinated.

These facts satisfy me that the vaccine now in use is inferior in power to that used by Jenner, namely, of recent transmission from the heifer. In short, our vaccine matter has gradually and increasingly deteriorated during the last forty years, and this fact goes towards proving that vaccinia in the human subject is an exotic dwindling on a foreign soil.

But not only is our vaccine matter shown to have deteriorated, but since Jonathan Hutchison in 1871 proved that syphilis might be conveyed by vaccine matter taken from the child, the fact has become established in hundreds of instances to the complete conviction of all medical men who have investigated the matter.

These facts have from time to time presented themselves to the serious consideration of medical men, and Dr. Galbotti, of Naples, so early as 1810, asserted that we were bound in conscience to revert to the heifer or calf for a renewal of our vaccine, and in Italy it became a common occurrence to be vaccinated direct from the heifer.

Dr. Warlomont, of Brussels, in 1866, adopted the arguments in favour of vaccination from the calf, and induced

the Belgian Government to establish vaccination from the calf as the national system.

Dr. Warlomont, and the medical profession and the people of Belgium, are perfectly satisfied with the results—having shown that not only has no evil result followed, but that no instance can be found of any individual vaccinated from the calf having taken small-pox.

Dr. Henry Martin, of Boston, U.S., adopted the method in 1870, and since that date one million persons have been vaccinated with his lymph, last year no fewer than 350,000 points having been demanded.

Dr. Martin writes to me that no instance of severe erysipelas has resulted from vaccination from his calf lymph, and he is unacquainted with any instance of small-pox occurring in those so vaccinated.

Dr. Martin, like Dr. Warlomont, prefers points to tubes, and he has most ingeniously so sharpened his points as to be enabled to vaccinate with them by a scratching process, and thus to dispense with the lancet altogether, and thus eliminate the danger which arises from the use of an unclean or infected lancet. I have used his points and found them perfect. It is interesting to know that the homœopaths of the United States have always been Dr. Martin's best customers, and the almost incredible fact is recorded that he was expelled from an allopathic society for communicating his valuable discovery to a homœopathic journal!

In regard to the history of calf vaccination, it must not be forgotten that Dr. Blanc, of London, and Dr. Green, of Birmingham, introduced some years ago vaccination from the calf into this country. Dr. Blanc discontinued to vaccinate calves from want of patronage, but Dr. Greene has continued the process intermittently.

I have revaccinated during the last two months about 50 cases, with a success of 80 per cent. of the cases. Indeed, with my first supply of calf vaccine from Brussels, my success in re-vaccination was extraordinary, amounting to about 27 out of 30 cases. This vaccine was thick and *coarse* on the points—the thinner vaccine not being so powerful.

The unfavourable report given by Dr. Seaton to our Government some years ago—derived from his continental experience—arose from the fact that in those days vaccination on the Continent from the calf was with liquid vaccine, and its 80 per cent. of failures even in primary

vaccination. Dr. Warlomont's present failure with points is only *one* per cent.

The only good arguments of the anti-vaccinationists are that our present vaccination affords only a partial protection, and that syphilis may be thereby communicated. I hold that these arguments are unanswerable, and that a Government which makes vaccination compulsory, is in duty bound to provide the public with the best possible vaccine.

A national establishment for calf-vaccination need not cost the country more than £2,000 a year, and if we are to judge by its efficacy, 5,000 lives a year might be saved in this country alone if its use were universal, while all danger of syphilis would at once cease.

Another argument in favour of calf-vaccination is that in the event of an epidemic of small-pox an unlimited quantity of lymph could be produced in two weeks.

12, Great Cumberland Place.
Hyde Park.

NITRITE OF AMYL—AN ACCIDENTAL PROVING.

BY DR. MORRISSON.

THE following symptoms were caused by the evaporations from a two-drachm glass-stoppered bottle, which had been shaken in moving.

March 10. Entering the room at 10.25 p.m., I noticed the pungent odour of the *nitrite*. The effects were:—

An increasing sense of stupefaction, with flushing of the face and scalp:

A sudden smarting of the conjunctivæ; with injection of the ocular conjunctivæ; and dimness of vision, as if caused by a film:

Sub-acute smartings in præcordial region; then in r. renal region; then in r. axilla; then at mid-sternum; then in lumbar region; then in lower lobe of r. lung, at apex of heart, and in lower lobe of l. lung, with tenderness on pressure. Increasing dyspnœa, with sneezings, nasal catarrh, and sighing respiration. Pulse (sitting) 68, small, feeble. The smartings changed position rapidly, being most persistent in the eyes, bases of lungs, and spine. After enduring the increasing discomforts for some twenty minutes, respiration became a series of gaspings; whereupon I beat a retreat.

March 11. On awaking the pains returned with increased intensity, especially in spine, lungs, and conjunctivæ; with shifting pains, caused by movement, on dorsal surface of r. hand, on l. patella, and from l. thumb to axilla; with catarrhal symptoms, and severe fronto-orbital cephalalgia. Many of these symptoms returned, with varying intensities, during the day; at times accompanied by sighing respiration. They were intensified by the odour being again inhaled. Urine clear, acid; sp. gr. 1014; free from albumen and phosphates; light cloud of an oxalate (probably lime); and distinct traces of sugar. Pulse (sitting) 78 to 84, feeble.

A few drops of the *nitrite*, on a cloth, held before the nostrils of a small dog, caused violent sneezings and injection of the conjunctivæ.

March 12. During the morning a dull aching in cervical region, which gradually moved to sub-occipital region, and then passed away. During the evening, smartings in the eyeballs, with injection of the conjunctivæ. Urine clear, acid; sp. gr. 1020; trace of oxalates, and sugar in marked quantity.

March 13. After rising, sneezed violently three times. severe occipito-frontal headache, felt most in sub-occipital region; smarting of the conjunctivæ, and weakness of vision. Urine clear, free, acid; sp. gr. 1016; saccharine. Pulse (sitting) 80; general lassitude.

March 14. Occipito-frontal headache, with achings in r. renal region; smartings of conjunctivæ. Urine clear, free, acid; sp. gr. 1020; saccharine.

March 15. Severe occipito-cervical achings, with increased frequency of the renal achings; smartings of conjunctivæ. Urine clear, free, acid; sp. gr. 1020; abundance of sugar. Pulse (sitting) 70, regular.

March 16. Constant occipital headache, and achings across loins. Urine clear, acid; sp. gr. 1018; less sugar.

March 18. Achings remain, with weakness of eyes, and smartings of conjunctivæ. Urine clear, acid; sp. gr. 1016; traces of sugar.

March 21. Slight occipital headache, and smartings of conjunctivæ; returns of loin achings on waking, and on lying down at night. Urine clear, acid; sp. gr. 1018; traces of sugar.

March 28. Remains of sub-occipital and loin achings, increased by fatigue. Urine clear, acid; sp. gr. 1012; mere traces of sugar. Pulse (sitting) 66, regular, feeble.

April 18. The weakness of vision persists. Urine clear, acid; sp. gr. 1014; traces of sugar. Pulse (sitting) 68, regular.

Moore's and Trommer's tests, for sugar, were employed. Many of the subjective symptoms returned on inhaling the first dec. dilution.

The achings mentioned were increased by fatigue, and were most marked during the evenings. I was in usual health at the time of first inhaling, and no alteration was made in diet, exercise, or the routine of work.

The last edition of "Garrod's Materia Medica" contains an excellent *résumé* of the pathogenetic effects of this drug, with some of its uses homœopathically indicated. Its influence is that of a depressant of the pneumogastric nerves at their origin; hence, in addition to its employment in various forms of syncope and of angina pectoris, it will probably occupy an important place in the treatment of epilepsy, hysteria, and diabetes.

Albert Square, Clapham Road,
April, 1877.

REVIEWS.

The Actions of One Dose. By W. SHARP, M.D., F.R.S.
London: H. Turner & Co., 77, Fleet-Street, E.C., pp. 82.

THE author of this essay is well-known as a thoughtful and earnest investigator of therapeutics, wherever homœopathy is appreciated. Nearly thirty years have elapsed since Dr. Sharp's attention was drawn to the subject of homœopathy, and he was led to investigate its claims to recognition by the late Dr. Ramsbotham. After working carefully and critically for two years, he published the first of a series of essays, many of which ran rapidly through large editions. We are but stating the plain unvarnished truth, when we assert that Dr. Sharp's earlier contributions to the literature of homœopathy effected more towards the rapid extension of our system among the public, and were the means of inducing more members of the profession to study, test, and ultimately adopt our method, into their practice, than any similar productions have accomplished. As homœopaths we are greatly indebted to Dr. Sharp for the untiring industry and painstaking efforts he has bestowed upon therapeutics.

Of late years he has endeavoured, both by experiment and reflection, to develop points of therapeutic doctrine, and to arrive at some definite conclusions on the question of dose.

In the essay before us he takes a solemn farewell of his medical brethren, and of literary and scientific work. For fifty-six years, he tells us, he has been a student of medicine; during the first half of that time he was engaged in a very extensive private practice, in addition to which he filled with much distinction several public and highly responsible appointments. During the latter half he has devoted himself with zeal and success to the study, practice, and teaching of homœopathy. We do not wonder, then, that he now desires that repose which he has so well and so creditably earned, and that he should leave others to pursue the path he has so long trodden, one which he truly says will become wider and brighter, as those who take it advance in it.

In a summary of the results of his more recent inquiries, he says that he thinks he has clearly and distinctly shown:—

“That all drugs act locally, *i.e.*, on some parts of the body in body in preference to other parts; and that each drug may be distinguished from the rest by this local action.

“That drugs are to be classed among the causes of disease; and that all the common causes of disease act, in the first instance, in a similarly local manner. So that the common division of diseases into general and local, which is still maintained in the official *Nomenclature of Diseases* by the Royal College of Physicians, is in science incorrect, and in practice hurtful.

“With respect to doses—

“That the action of doses of drugs is governed by law; and that for the practical use of them, in prescribing medicines for the sick, they may be arranged in three classes:—

“1. A series of small doses having one action in a certain direction.

“2. A series of large doses having also one action, but in an opposite direction.

“3. A series of middle doses which have both these actions.”

The essay before us discusses the *Actions of One Dose*. It is sought to ascertain these by a series of experiments with *opium*. From them Dr. Sharp draws the following conclusions:—

“1. A dose may be small enough to produce but one action. In the case of *opium* the dose may quicken the pulse, and do no more.

“2. A larger dose may be followed by two actions; the second action being in the contrary direction to the first. In the case of *opium*, the pulse is first quickened, and afterwards depressed.

“3. A still larger dose may again have but one action, or one direction of action. In the case of *opium*, this action may be one of depression only.

"4. A dose which acts only in one direction in one organ may be sufficient to act in the contrary direction in another organ. In the case of *opium*, the dose may excite the heart, but may depress the stomach.

"5. From a reference to experiments recorded in former essays, as well as to those in this, it may be stated that all drugs which have been proved for this purpose, have an opposite action in smaller and larger doses; but it is not equally certain yet that all have intermediate doses with a double action. Some, as castor oil, may have middle doses with no action at all."

The connection between the actions of one dose, and those of different doses is thus described:—

"The middle doses have two actions—the first action is that of the small doses, the second action is that of the large doses. These are the doses about which so much has been said as having primary and secondary or alternating actions. The nearer this middle dose is to the small one which produces but one action, the more will its action partake of the action of the small dose, and the less of the action of the large dose; and in like manner, the nearer it approaches to the large dose the less will there be of the action of the small dose, and the more of that of the large; finally, the action of the small dose will disappear, and there will be but one action, which is that of the large dose."

As a practical inference from his researches, Dr. Sharp says:—

"The best medicinal dose is that which produces the action of the small dose only. If the dose belongs to the intermediate series, that is, if it has a double action, the nearer it is to the small dose which has one action only, the more appropriate it is; the nearer it approaches to the large dose which has one action only, the less likely is it to do good."

To the contrary actions of different doses Dr. Sharp has already given the name of "*Antipraxy*," those of the same dose he now describes as "*Dipraxy*."

A portion of this essay is occupied with an endeavour to rebut the criticisms which some of us have ventured to make upon former essays, and to establish the author's claim to originality in the setting forth of some of the views he has taught. On the examination of this part of Dr. Sharp's last pamphlet we do not propose to enter. We are too conscious of the good service he has rendered to medicine to allow of our breaking a lance with him on this the last occasion on which he intends to contribute to medical literature. We much prefer to take leave of him as an author, by expressing our thanks to him for the good work he has accomplished, and our hope that many years of health and happiness are still in store for him.

The Encyclopædia of Pure Materia Medica: a Record of the Positive Effects of Drugs upon the Healthy Human Organism.

Edited by TIMOTHY F. ALLEN, M.A., M.D. Vol. v. Boericke and Tafel, New York and Philadelphia: 1877.

We have much pleasure in announcing the appearance of another volume of this valuable and comprehensive work on *Materia Medica*. It contains records of the "positive effects" of eighty-three drugs. The value of them at the bedside is of course various. Among them we notice full reports of medicines which have stood the test of many years of clinical experience, such as *hydrocyanic acid*, *ignatia*, *iodine*, *ipecacuanha*, *iris*, *jalapa*, the salts of *potash*, *kreosote*, *lachesis*, *ledum*, *leptandra*, *lobelia*, and others. Of medicines more recently introduced to the notice of the profession, we observe a very full account of *jaborandi*, to our knowledge of which Dr. Sidney Ringer has been a careful and copious contributor. The proving of *lilium*, a medicine which ought to be, and indeed has been found to be, of great service in some forms of uterine disease, is also fully given. The same method of arrangement has been adopted in the treatment of the several drugs as that followed in previous volumes. The authorities are given in every instance, and each symptom is so recorded as to enable the student to refer to the work in which it was originally noticed.

As a complete and reliable account of the pathogenetic action of all substances known to have the power in however limited a degree of disturbing the functions of the body, Dr. Allen's *Encyclopædia* is unrivalled. To all who desire an intimate acquaintance with the resources of medicine it is indispensable.

Condensed Materia Medica. By C. HERING. Compiled with the Assistance of Drs. A. KORNDOEFER and E. A. FARRINGTON. New York and Philadelphia: Boericke and Tafel, 1877.

THIS work gives in a condensed form the symptomatology of 184 of our best proved drugs. The principle of the method of arrangement is the anatomical one adopted by Hahnemann. The distinguishing features of this edition of *Materia Medica* are (1) That the medicines, the symptomatology of which is given, are those which have, by clinical experience, been found of the greatest service in curing disease. (2) The repetition and multiplication of the same symptom, or kind of symptom, is avoided. Hence we are presented with precisely the symptom produced by the medicine, without being obliged to wade through a large mass of matter to discover it.

Dr. Hering, in the preface, writes: "The real object in preparing this work, has been to give in a condensed form, to the student of homœopathy, such absolutely necessary material

as would enable him in a comparatively short time to gain knowledge of such important symptoms and conditions as are characteristic of each remedy, knowledge which is imperatively necessary for everyday practice."

That the symptoms given may be regarded as trustworthy, that is, as having actually resulted from the medicines to which they are ascribed, the fact of their being endorsed by Dr. Constantine Hering is abundant evidence.

As a conveniently sized manual; as one containing an ample number of remedies for everyday use, and, above all, as one proceeding from a source which we know to be thoroughly reliable, we have much pleasure in commending this *Condensed Materia Medica* to our colleagues.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

WE deeply regret that we have to announce to our readers that Mr. CHARLES TRUEMAN has been compelled, through ill health, to retire from the post of official manager. For some months past he has been completely laid aside by rheumatism, from which he has suffered severely for several years.

During a protracted period of feebleness, he has struggled earnestly to support the charity with which he has been so long connected, and there can, we fear, be little doubt but that the efforts he has made, when in reality too ill to attempt them, and the anxiety he has felt to do all for the Hospital that its many requirements rendered necessary, have contributed to that state of health which has now obliged him to send in his resignation to the board.

Few, if any, have exerted themselves more earnestly, or more continuously during the last twenty years to promote the welfare of our Hospital, than Mr. Trueman has done. Having long manifested a warm interest in the Institution, he was, in 1859, elected a member of the board of management; and six months afterwards was appointed its deputy-chairman. This post he filled for four years. In 1867 he made the arrangements for the very successful bazaar which took place during June, and realised £1,300 for the funds of the Hospital, together with £1,860 the product of the Fine Art distribution, which was also initiated and arranged by Mr. Trueman.

A few months afterwards he was appointed the official manager of the Hospital, and in this capacity has exerted himself most strenuously and self-denyingly for its advantage. Two public dinners, the one presided over by Lord Elcho and the other by Lord Bury, have been held under his direction and manage-

ment. In 1870, he gave a public reading at the St. George's Hall in aid of the charity; while his personal appeals for help have been numerous and successful. It is, we believe, mainly to Mr. Trueman that we are indebted for the establishment of that excellent system of nursing at present existing at the Hospital. Much, too, has he done to improve its internal administration, to promote the comfort of the patients, and increase the general efficiency of the Institution.

The loss of zeal, energy, and tact in the management of the Hospital, such as we have seen Mr. Trueman has displayed, is indeed serious. Much more, however, do we regret the painful illness which has rendered this loss inevitable. Most sincerely do we trust that a lengthened rest, with perfect freedom from all responsibility, will enable him to recover such a measure of health as may admit of his again resuming his seat as a member of the board, and assisting his colleagues there in their endeavours to render the Institution, which has for so many years been the object of his constant solicitude, as perfect and complete as it can be made.

The office Mr. Trueman has so long and so well filled has been offered to Mr. ALAN CHAMBRE, a member of the board, and we are gratified to hear that he will in due time accept it. Few men are better qualified to follow Mr. Trueman than he is. Mr. Chambrè has for some time taken a warm and active interest in the affairs of the Institution, while his business capacity and aptitude for managerial functions have been long recognised in that department of the public service from which he will shortly retire.

Mr. Chambrè has for thirty years been connected with the Post Office. During a portion of this long period he was private secretary to Colonel Maberly, the Secretary of the Post Office, and has since been frequently entrusted with important missions to Continental post offices. In the organisation of the telegraphs, on their acquisition by Government, Mr. Chambrè assisted Mr. Scudamore, C.B., acting his lieutenant throughout. On the completion of this business he was appointed Surveyor of Private Wires. At the International Telegraphic Conferences at Rome (1870-71), and St. Petersburg (1875), Mr. Chambrè was selected to represent the United Kingdom. For this post, his great powers of organisation, and knowledge of Continental languages, rendered him peculiarly well fitted, and enabled him to render services of great value.

A gentleman who has displayed, during so many years, so much capacity, one who is not only a good business man, but highly cultured, and possesses the friendship of a large and influential circle in society; one, moreover, who has manifested

a warm interest in the Hospital, and all that concerns it, who has ample leisure, and is desirous of devoting himself to really useful work, presenting opportunities for the exercise of those gifts with which his previous career shows him to be endowed, will, we feel sure, render great service to the Hospital; and such an one is Mr. Chambré.

ALLOPATHY *versus* HOMŒOPATHY.

Two generations have now passed since the homœopathic theory of specifics was made known without its having been fairly weighed theoretically or tested practically in the already established medical schools and hospitals.

At present this neglect not only persists, but there is, super-added, a positive system of opposition to it, which, in Great Britain at least, is so fully organised that now no medical man, if he openly acts upon the opinion that this theory ought to be discussed and tested like any other theory in medicine, can obtain or keep a place on the staff of any hospital or medical institution already established; nor can he obtain any public medical appointment, nor admission into any medical society, nor can he hope for any of the honours or titles of eminence in medicine; nor can he publish any medical book at the ordinary medical booksellers, nor any paper in the medical journals, even in reply to misrepresentations of his opinions or practice; nor, if he writes anything and gets it into print despite the medical booksellers, will it be noticed or reviewed (hardly even advertised) in any medical review or newspaper; nay, even if he writes on a subject not medical his name is still tabooed, and the book will receive no notice from the medical journals, and as little from the literary and political journals, which have all their medical assessors chosen, doubtless, from the majority.

In private practice, also, the great majority of consulting physicians and specialists (with some honourable exceptions) refuse to him the benefit of their skill in difficult points of diagnosis and in operations, thus striking at the object of their hostility through the health and possibly even the life of the public, who are, at the same time, insulted by the implied accusation that they are employing a person deserving of a penalty hitherto known as that applicable to infamous conduct only.

The isolated position this prosecution forces us into is a disadvantage, not only to ourselves, but to medicine and to the public. Not exposed to proper and legitimate criticism, not seeing our work and writings as others see them, there is less chance of our freeing ourselves from many possible errors. And medicine suffers in so far as it excludes from its observation and thought a theory and practice which might (and certainly would,

we believe) advance the science and art of therapeutics. It is a loss to the public also, who are very especially interested in this relationship between the schools. They are the sufferers as long as the present unhappy condition of things continues, and they will be amongst the first to benefit when the terms of that relationship are altered to the better.

While thus the most moderate approach to fairness and candour in respect to this theory on the part of any medical men is so strictly tabooed, it is not wonderful that the students of medicine, and especially those with talent and ambition, should feel no great desire to inquire into a theory which promises, in the first place, to shut up for each of them for life the avenues leading to professional honours, eminence, and distinction. While the mind is thus biassed the student is easily induced to accept as truth the misrepresentations which the teachers in the common medical schools hold out to him as homœopathy.—*British Journal of Homœopathy*.

SALICYLIC ACID IN NECROSIS.

In studying the action of any recently introduced remedy, the observations made by physicians whose therapeutic position is that of empirics are well worthy of attention. The excessive dosage to which they are prone oftentimes supplies us with information respecting the physiological action of the drug used. Our knowledge regarding *bromide of potassium* and *chloral*, for example, has been largely derived from this source. Lately, *salicylic acid* has been freely used with varying success in the treatment of acute rheumatism. It is, or was a few weeks ago, the fashionable drug in the treatment of this disease. In the *British Medical Journal* (Dec. 9) Mr. Lilley, of Coventry, asks whether this drug tends to produce necrosis. In a case of acute rheumatism which he had treated with it, necrosis of the left tibia, and disease of the right ankle joint had set in. Not knowing whether to attribute this to the remedy or the disease, he seeks information from the readers of the *Journal*. In the *Journal* of the 23rd Dec., Dr. Duffey, of Dublin, refers Mr. Lilley to the *Berliner Wochenschrift* (July 8), in which are reported the results of Professor Koster's experiments on the action of salicylic acid on the osseous system. These, according to the *New York Medical Record* (Oct. 14), show that "pieces of spongy bone become soft as leather in a few days when placed in a half per cent. solution of salicylic acid, while compact bone tissue is very slowly softened. The enamel of the teeth is very slightly affected by it, but the dentine where it is exposed by caries is rapidly destroyed. Dentists have already recognised the evil effects of salicylic acid on the teeth. The increased

amount of the salts of lime in the urine soon after salicylic acid has been taken, shows that the acid deprives living as well as dead bone of its lime salts. According to Professor Binz, the acid is entirely harmless when given for a short time in the proper (?) way. The neutral salt of soda produces the same effect as the acid."

In the 3rd. decimal dilution it is possible that salicylic acid may prove useful in necrosis, and in caries. We should be glad to hear of its being put to the clinical test.

The action of this drug upon the nervous system is referred to in the same periodical (Feb. 24) by Dr. Marshall, of the Nottingham Hospital. Remarking on the drowsiness it gave rise to, he writes:—"Dr. Ransom, senior physician to this hospital, first directed my attention to the fact; and since then I have observed it in cases under treatment here to a greater or less degree, but markedly so in one now in the hospital. The patient was admitted on the 7th instant with acute rheumatism of a fortnight's duration, being the fourth attack since childhood (twenty years), with a double aortic murmur and a temperature of 103 deg. Fahr. Salicylate of soda was administered in twenty-grain doses every hour for seven hours, when the usual physiological symptoms became manifest, accompanied by drowsiness, with complete relief from pain, which was severe on admission. A fall of two degrees and a half in the temperature was also registered. In the succeeding thirty-four hours, six hundred grains were taken, the drowsiness becoming much more marked, the patient sleeping constantly unless roused by being spoken to. Twitchings of the muscles of the forearm also existed and the secretion from the skin was quite suppressed. On the drug being withheld, this state gradually passed away; without, however, a return of the pain or increase in temperature."

SANTONIN.

As illustrating the physiological action of this drug, Dr. Cuthbert, of Edinburgh, relates (*Lancet*, March 8) the following case:--

"I gave lately four grains of santonin to a slightly-made pale-faced girl, aged eighteen, who is very much annoyed with worms. She told me that in about twenty or thirty minutes after taking the medicine she was seized with giddiness, intense headache, and every object appeared to her of a bright green colour. She was obliged to go to bed. This state of matters continued all night; for in the morning when she got up she still had the headache and the colour-blindness. These untoward symptoms gradually wore off, and in half an hour they were quite gone."

**DR. LUDLAM'S CLINICAL LECTURES ON DISEASES
OF WOMEN.**

A **THIRD** edition of this 'valuable work will shortly appear. A translation of it into the French language has just been completed by Dr. Claude, of Paris, Secretary to the Société Médicale Homœopathique de France, and a member of the literary staff of *L'Art Médical*.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending April 18th, gives the following statistics :—

Remaining in Hospital March 15th, 1877	60
Admitted between that date and April 18th	49
	—
	109
Discharged between March 15th and April 18th...	54
	—
Remaining in Hospital, April 18th, 1877,	55
	—

The number of New Out-Patients during the above time
has been 579

The total number of Out-Patients' attendances for the
same period has been 1707

At the present time two wards are closed owing to alterations
going on in the buildings.

LIEBIG'S MALTED FOOD EXTRACT.

THIS well-known preparation has acquired so considerable and well-sustained a reputation, that it scarcely needs any additional recommendation. It is especially adapted for delicate infants, from whom the natural sustenance is unavoidably withheld ; it is so, because it forms one of the best imitations of human milk. In its preparation cows' milk is enriched with sugar by the action of malt, while the excess of casein is diminished by water, and all acidity is removed by the addition of carbonate of potash. It has been extensively tested during the last ten years, and has been found admirably suited to the purpose kept in view by the eminent physiological chemist who devised it.

BRITISH HOMŒOPATHIC SOCIETY.

THE next Meeting of this Society will take place on Thursday, the 8rd inst., at seven o'clock. The papers to be read are, by Dr. Brown, on "A case of Spinal Paralysis occurring during Pregnancy ;" and by Dr. Matheson, on "Dysmennorrhœa."

THE LONDON SCHOOL OF HOMŒOPATHY.

Subscription List for the month ending 21st April, 1877.

Amount already acknowledged, £3,227 18s. 0d.

New Medical Governors in addition to those announced last month.

A. M. Cash, Esq., M.D. . .	£1	1	0	*D. McConnell Reed, Esq.,			
J. Mansell, Esq., M.R.C.S. 5	0	0		M.D.	£1	1	0
*E. H. Millin, Esq., M.R.C.S. 1	1	0		W. Rowbotham, Esq., M.R.C.S. 1	1	0	
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M.D.	5	5	0	*J. H. Smith, Esq., L.R.C.P. 1	1	1	0

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*Rev. E. K. Elliott . . .	1	1	0	Rev. M. H. Wiah	1	0	0
Mrs. Stephenson Greathead 3	0	0		Postage Stamps	0	5	0

* Indicates annual subscriptions.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, or to the Honorary Secretary.

WILLIAM BAYES, M.D., *Hon Sec.*

4, Granville Place, Portman Square, W.

April, 1877.

CORRESPONDENCE.

HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—For a long time past discussions have been going on in your journal, by editorial articles, papers read at medical societies and reported therein, and by correspondents, on questions relating to tradition, dogma, authority; on Homœopathy, organopathy, antipraxy, &c., &c.; on theories of drug-action, as to whether such and such are stimulants, narcotics, paralyzers, depressants, &c.; on questions as to *what* Hahnemann taught, and whether what he did teach was “the truth, the whole truth, and nothing but the truth.” In these discussions I regret to find a certain amount of acerbity, doubts expressed as to who may be styled Homœopaths—epithets given, as Hahnemannians, pseudo-Hahnemannians, eclecticists, &c., till one is forcibly reminded of the endless controversies amongst theologians respecting names, words, and ideas, many of which will not be settled for a long time to come, and will certainly not injure by keeping. And in what does all this war of words, hair

splitting, and theorising result? The advancement of truth, the convincing and silencing of opponents? By no means, I think—rather does it tend to engender strife and anger, each party holding his ground, and seeming never to know when he is answered. There may be here and there a convert to one or other side of the question, but I opine that such are rare, and the conversion is not worth the labour for all the good it will do them. By whom has this controversy been carried on? By *dilettante* professors of philosophy, art or science, or by mere “hewers of wood and drawers of water?” By no means; but by men of deep and earnest conviction, who have embraced a great truth in medicine (the law of similars) for the relief of mankind, and who in doing so, and in carrying out their convictions, have had to bear no small amount of odium; by men also who recognise the fact of thousands around them dying of disease, and requiring all their aid and knowledge.

In my visit to the United States of America last year one fact struck me forcibly in connection with homœopathy, viz., that much more time was given to real practical work than to theoretical differences of opinion. High dilutionist and low dilutionist, “Hahnemannist” and “pseudo-Hahnemannist,” were seen working amicably together in the same colleges, hospitals and dispensaries, each recording their facts and working according to the light within them to perfect the therapeutics of homœopathy. That they have their differences of opinion on many matters, both of theory and practice, cannot be denied; nor that men of intellectual vigour and scientific attainments may not be found ready to do battle for their individual views, as in this country; but after all, *practical* work is in the ascendant rather than *theoretical*, and this, I take it, is one reason that homœopathy has made more progress there than here. This observation is borne out also on a perusal of some of their journals, and I appeal to you, gentlemen, and brethren all, whether we should not go to more serious work, such as the proving of medicines, the developing and verifying of our *Materia Medica*, and the recording and analysing of facts. I would by no means advocate *silence respecting principles*, or even *theories* of drug-action, but wish that such matters should not *exclude to so great an extent as they have done*, the more *needful* work. Let those who adopt the homœopathy of Hahnemann as the *summum bonum* of our art and science, and those who, whilst believing in him as “the great master,” whose teachings should be studied, analysed, and brought to the test of experience, cannot yet accept all his dogmas till such process has been gone through—I say let both parties work out as best they can faithfully and energetically the principles they hold, and in doing so let the pages of your journal be open to both parties to record *their facts* rather than *their*

theories, so that they do so without inuendos and sneers at others who differ from them, for it is only by such means that we can honestly learn any good thing.

It may be asked—who am I, and what have I done for our cause that I venture thus to address my brethren? Of the proving of medicines, such as *lycopus*, by Morriſson—the arrangement of medicines, such as *arsenic*, by Black, *aconite*, by Dudgeon, *kali bichromas*, by Drysdale—I have done absolutely nothing; of studies in *Materia Medica* and homœopathic therapeutics, next to nothing; and that I have not indulged in polemical discussions and theorising has been because I have neither the genius nor talent for it. No thanks, therefore, to me, for having refrained from doing what I consider the excess of others.

My present position with respect to homœopathy is this: I was educated as a strict Hahnemannian three or four and twenty years ago, practised as such for several years, could have rowed in the same boat with Lippe, Wilson, Berridge, &c., only with inferior skill. I was a high dilutionist and single remedy man. I tried Jenichen and Lehrmanns of the 200th and 40,000th potencies. I prepared potencies up to the 200th myself also, according to Hahnemann, which is more than can be said of many potencies prepared now-a-days. I studied the *Organon* and Hahnemann's *Acute and Chronic Diseases*, as much, I believe, as most men, and now have these books as well thumbed as need be. That I had as good success in the treatment of disease as the average of homœopathic practitioners, I am vain enough to assert from what I have seen of other men's practices; I cured with the 200th, the 60th, 30th, and other potencies; saw undoubted aggravations from such (undoubted by me *then*); and now where am I after 20 years experience? Still a student of Hahnemann's *Materia Medica* and *Organon*, of Hering, Lippe, Guernsey, Boenninghausen, Hughes, Hale and others—not having as yet apprehended, but following, as best I am able, the light and intelligence granted me. I believe in individualising my cases, and although I admit that good pathology is of great help in the cure of disease, I consider it secondary in value to subjective symptoms, mental and moral conditions, characteristic and peculiar symptoms, correspondence between the action of drug and disease in their upward or downward, right or left, or contrary directions, &c., &c. That I *never* alternate two medicines I cannot avow, but when I do, which is very seldom, it is with a confession of weakness and want of better knowledge of my case and my *Materia Medica*; while, as regards my potencies of drugs, it will be sad for some to learn that I am, and have been for many years, what is called a "low dilutionist,"—my dilutions or potencies ranging as a rule from the pure tincture to 6th centesimal, and occasionally as high as 30. And why am I

thus? Simply and truly because, having tried all, the lower I have descended in the scale the quicker and better have I cured my patients, and have seen fewer medicinal aggravations; as to these aggravations from the higher potencies, I now very much doubt—since I have taken more pains to sift evidence of cause and effect—if they ever existed at all. Scores and scores of cases have I known where medicinal aggravations have been supposed to arise from high potencies, but I have *proved* their non-existence by getting the same symptoms from unmedicated globules, or no symptoms from the same potencies or lower ones, when the patient has not been told what medicine he was taking. Not only so, but I also resort to drugs outside the practice of pure homœopathy, and which have no bearing on the case according to the law of “*similia*,” as for instance in cases of poisoning, in worms, or in persons beyond the power of curative agents. I am well aware that there are eminent practitioners who assert that they never resort to such drugs as *filix mas* in material doses, *chloral*, *morphia*, &c., and that they never require such, but such assertions are not proofs (though they may be, and are, I have no doubt, individual convictions), that such practitioners give as much relief as they would if they gave such drugs in certain cases. If they have tried both methods, by all means let them pursue that which seems best to them, and show us how to do likewise. I only claim the same liberty to do the best I can for *my* patient, not what *another* man can, although it lay me open to being twitted with “mixing truth and falsehood, light and darkness, and of not having read or understood the *Organon*.” I certainly shall not retaliate, but go my way and do the best I can, only desiring that each and all who call themselves homœopaths, or follow after Hahnemann, whilst “proving all things, and holding fast to that which is good, should also carry out the motto of the *British Journal of Homœopathy*—“*In certis unitas, in dubiis libertas, in omnibus charitas.*”

I am, Gentlemen,

Yours faithfully,

A. C. CLIFTON.

P.S.—I propose following up my suggestion that we should engage in work of a practical rather than a theoretical character by sending to the *Review* some *Notes from Daily Practice*.

THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The letter published by Drs. Black, Drysdale, Dudgeon, and Ker, in the *British Journal of Homœopathy* of April 2nd, brings forward a subject of far more vital importance to the moral, social, and medical position of homœopathy, than

its writers appear to recognise. The consideration of so weighty a subject ought to be discussed in a calm philosophical spirit, since a false step, either way, may involve us in consequences serious to the last degree to the true interest of medical science. It is not within the limits of a letter, that I can give even the heads of all the points which must be fully entered into by those who would fairly and impartially balance the arguments brought forward in the above-named letter. What I wish here to insist on, is the extreme importance of the subject involved, and to beg those who have read the letter, not to allow their judgment to be biassed unfairly, either in favour of or against the new line of action there laid down. The following are a few of the most important thoughts evolved from a perusal of the letter and preamble:—

1. As far as possible the name of a School should indicate the teachings to be expounded within its walls—to give a non-distinctive name, omitting all mention of the special doctrines taught, might mislead both friends and opponents. Friends might be detached by the apparent want of earnestness of purpose shown by omitting a time-honoured name. Opponents might look on the suppression of the name as an attempt to allure men to enter the lecture-room under, what an enemy might readily call, a false pretence.

A School having only two special lectureships, beside those in its clinic, cannot appropriately be called a "Medical School." Such a title implies, at all other "Medical Schools," that medicine is taught in all its branches direct and collateral. Whereas all that it is proposed to teach in our School is *Materia Medica*, and the principles and practice of medicine, both theoretically and clinically, and the sole reason for instituting these lectures, is to include their homœopathic aspects, which are excluded from all other Schools.

Hence there appears to be a straight-forwardness, and an appropriateness in designating *the one School* at which homœopathy is taught, the "School of Homœopathy"—or the "Homœopathic School." It is an honest, open avowal, of the sole purpose of the School, and can justly offend no one, for homœopathy is as much a part of medical science as is hydropathy, a name which meets with no objection. When due prominence is given to its teachings (in the ordinary Medical Schools), homœopathy will need no special School of its own; but, while it is excluded from the established Medical Schools, it becomes the duty of those who believe its tenets to be of great practical importance, within the realm of medicine, to uphold them, to avow them openly, and to spread them by boldly and manfully asserting the right to teach them.

2. As to the question of a legal recognition of our lectures,

some may consider it premature at present to ask for such recognition.

The lectures have not yet been delivered, and with the want of knowledge of what homœopathy professes to be, and of what it is, on the part of the examining bodies, it would possibly be unwise to seek their immediate recognition. We may hope that after one or two years' courses have been delivered, and perhaps published (certainly written), we may be able to "show cause" for their recognition, but I feel sure that in such case, one of the first requisitions would be, that no kind of subterfuge should exist, to entice students into our lecture rooms, but that we should openly designate the School or the lectures by such title as would enable the student to see before entering the School a definite outline of the subjects taught within its walls.

8. We have a right to demand that those physicians and surgeons who desire to study medicine (in all its branches and scientific developments) shall have means of instruction in homœopathy as open to them as are the other branches of therapeutics. We have a right to demand for those patients who desire to be treated homœopathically, that means of ensuring them the services of competently instructed men shall be provided, and it may become our duty some day to apply for legal powers to this end. But first of all we have to prove that we have competent teachers, and that what we have to teach is founded on scientific truth and not on error. This is our first object, and in the attaining of it we must be like the knights who sought the "Holy Grail," "*sans peur et sans reproche*." We must give no handle to the adversary to cry out "unfair;" we must uphold our right to practice homœopathy, to teach homœopathy, and to criticise it and all other medical science in our own way, and at our own time, but always boldly, openly, and manfully.

4. Rumour says, that the four signatories to the letter and preamble purpose calling a meeting of medical men to discuss its proposition at an early date. I have personally appealed to them to wait a short time before doing so, as some preparation is needed, to enable those who have not heard and read both sides, to weigh evidence. The hurried, and possibly heated, discussion of so momentous a subject would result in no good whatever. The attainment of a just judgment is not consonant with so premature a meeting, to which a great majority of the men present will have come unprepared by previous study of the subject. I have, therefore, proposed that the serious discussion of the question should be postponed till the Annual Assembly of the British Homœopathic Society, and should be again adjourned, after free discussion, to the Congress to be held at Liverpool in September. Good arguments like good

wine ripen by age. Let us proceed in this matter cautiously, so that we may have nothing to regret or to undo again. During this month our whole efforts will only enable us to open the School with a fair degree of success. I appeal to all who feel real interest in its progress, to aid us by bringing the School before such medical men and students as may be known to them; by obtaining for us books to form the nucleus of a library; specimens for our Museum of *Materia Medica*; and by exerting themselves to stir up enthusiasm among their patients in favour of the School, and in aid of the funds for sustaining and enlarging the Hospital, in order to provide adequate clinical instruction. These things ought to exercise all our energies, and I appeal to the loyalty of our body for their immediate development.

Yours truly,

WM. BAYES.

P.S.—Since the above was in print, the four signatories have agreed, under certain conditions, to defer the meeting till the Annual Assembly of the British Homœopathic Society.

ART IN HOSPITALS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your last issue Dr. Lawrence Hamilton makes an appeal in behalf of his scheme for decorating the wards of hospitals, with works of art. It may seem ungenerous in any way to discourage an effort originating, beyond a doubt, in the purest motives and most kindly feelings. Nevertheless, taking a practical, and unsentimental view of the matter, I cannot but question both the existence of the evil Dr. Hamilton describes, and the feasibility of the plan by which he proposes to remedy it. Dr. Hamilton grounds his appeal on what he designates as the “excessive dreariness” of the wards of our Metropolitan Hospitals. These terms, applied to hospitals as they existed fifty years ago, or even at a later period, would doubtless express a good deal of truth, but applied to hospitals as they now exist, they are simply an exaggeration. The highly improved system of nursing of the present day, together with the active benevolence which prompts so many persons, especially ladies, from our gracious Queen downwards, to take a personal interest in our hospitals, has a powerful influence in preventing the state of things described by Dr. Hamilton. But, independently of this, I cannot admit that the wards of a well-conducted hospital are, as a rule, “excessively dreary.” On the contrary, with their clean floors, walls, and ceilings; abundance of light, and rows of neat beds, they are, to my mind, suggestive of brightness, cheerfulness, and comfort. If for “excessive dreariness”

Dr. Hamilton had made use of the words "somewhat bare," he would have been much nearer the truth. But, is this an objectionable condition? Is it not, on the contrary, essential to the place? Dr. Hamilton knows full well, that a free circulation of air is one of the first requisites in a sick room, and that to ensure this, the physician frequently orders the removal of all unnecessary furniture, and textile articles; and if this be so important in a private house, how much more important is it in a room in which a number of sick persons, afflicted with divers diseases, are located! Moreover, it must be borne in mind that a hospital, unlike an asylum, or a home for incurables, is but a temporary residence, in which patients are expected to remain but a few days, or perhaps weeks, and during which, it is hardly to be supposed that they will be wearied for want of pictures, and statuettes on which to feast their sight, especially when we remember that the great majority of them come from homes which are neither sweet, clean, nor ornamental. Besides, how many thousands of their betters have to endure their illness in rooms which cannot boast of a picture or a statuette! So much for the evil, now as to the remedy.

Dr. Hamilton proposes to hang the walls with pictures, and asks, in addition, for "plate, bronzes, bric-a-brac, old armour, china, sculpture, ornamental clocks, fancy glass, tasteful glazed tiles, parquet floors, and other art decorations of all sorts." Now, I ask whether, in a ward thus encumbered, it would be possible to maintain that free circulation of air, and scrupulous cleanliness, which are so indispensable to the healthiness of a hospital? I venture to assert, that in spite of the utmost exertions of the extra staff of servants which the care of these articles would require, they would become simply so many harbours for dust, and infectious exhalations; to say nothing of the disputes that would inevitably arise from losses, breakage, and other damages. There ought, in short, to be no addition to the furniture of a hospital, that entails unnecessary care, labour, and expense.

But, suppose a ward decorated after Dr. Hamilton's fashion, would the occupants be qualified by habit or education to appreciate their beautiful and costly surroundings? And even if they were, would they be in a condition, bodily and mentally, to enjoy them? Those confined to bed could scarcely do so. They could not see the pictures on their own side of the ward, nor, in a spacious ward, those on the opposite wall, unless they were executed in bold style. Books and illustrated newspapers, are in fact, the only works of art in which they can indulge, unless, to gratify their artistic longings, Dr. Hamilton would like to have the ceilings painted in fresco!

Then, as to those patients who are well enough to sit up—the convalescents,—how much attention, after the first glance, would

they pay to pictures and bronzes? Watch them, as I have done scores of times in a ward hung with engravings. Do you ever find them examining these works of art? Never, by any chance. They prefer, naturally enough, to sit round the fire in winter, and the table in summer, chatting and gossiping with each other.

But, whilst on the one hand, I would banish from the wards of hospitals all superfluous articles, whether of furniture or ornament, that are calculated to harbour dust, and foster infection, I would, on the other hand, by all reasonable, simple, and easily available means, render these sick rooms of the poor as comfortable, cheerful, and happy, as is consistent with the purpose for which they are designed. Let the walls of new wards be relieved with variegated bricks or encaustic tiles, and those of old ones be painted of a cheerful colour; let the beds be uniformly covered with bright-colored counterpanes; let some flowers, which in season, kind-hearted friends are ever ready to supply, be placed on the tables, and if something must be conceded to the claims of art, let a few good engravings, and prettily illuminated, texts, be hung up; and thus decorated, I venture to say that any apartment would present an appearance the very reverse of "excessive dreariness." All beyond this would be mere vanity and vexation of spirit.

One other consideration, in conclusion. There are wards in some of our hospitals closed for want of funds. Is this a time to divert the current of charity from its legitimate course, into the channel indicated by Dr. Hamilton? Would it not be wiser and more consistent to fill these wards with patients, before we talk of spending a hundred thousand pounds—the moderate sum Dr. Hamilton asks for—in works of art? Whilst, therefore, I am willing, as all must be, to give Dr. Hamilton the fullest credit for the best of intentions in this movement, I am forced to the conclusion that, from first to last, it is a great mistake; and I shall be surprised if it meets either with the support of the public, or the sanction of hospital authorities.

I am, &c.,

S. YELDEHAM.

58, Moorgate Street, E.C.
April 11th, 1877.

HAY FEVER.

To the Editors of the Monthly Homoeopathic Review.

Gentlemen,—In a review of Dr. Beard's work on hay-fever, which appeared in your March number, your reviewer, in concluding his remarks, says, "Dr. Beard has something to say,

also, on hygienic treatment, including the question of diet, exercise, clothing, &c., but we have given enough to show that he has more faith than Dr. Blackley in the efficacy of different kinds of medicinal and preventive treatment. He grants, however, that he has found no specific."

From the tenor of the above remark it might be inferred that I had entirely lost faith in medicinal treatment of any kind, and as this is really not the case, I have thought it well to ask you to allow me to correct the impression which your reviewer's remark seems calculated to create. So far from my having lost faith in medicinal treatment, I have every season, since the publication of my work, tried at least one remedy upon myself and others, and hope and believe that I shall eventually find a specific for hay-fever. I shall, however, not be willing to assert that any remedy, or any method of treatment is successful until I am well satisfied that these will really bring about the desired result.

I remain, Gentlemen,

Yours respectfully,

CHARLES H. BLACKLEY.

SEA-SICKNESS AND APOMORPHIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Your correspondent, Mr. Frederick Smith, is evidently not a medical man. If he was, and had any experience, he would know that "one swallow does not constitute a summer."

His hint to homœopathic practitioners at outports again shows that he is not practically acquainted with the extreme difficulty in carrying out his humane recommendation, namely, that we should use our influence with the shipowners of our respective districts, "especially with those in the emigrant trade, to accept a supply of this medicine (*apomorphia*), and to direct their captains to administer it," &c.

If friend Smith will read Dr. Blackley's paper, in the April number of your *Review*, he will find at page 227, that *apomorphia* failed to afford the slightest relief in two cases of sea-sickness on a long voyage. The sphere of action of *Apomorphia* in the various forms of vomiting is far from being fully ascertained; and the particular kinds and conditions of sea-sickness to which it is homœopathic have still to be made out. My own case was a beautiful one, but it is only a drop in the bucket of the cases necessary to establish the sphere of *apomorphia* in sea-sickness. There is no panacea for sea-sickness

or for any other form of sickness or diseased action ; each and every case can only be successfully met by individualising, and by treating it on its own merits. For instance, I have seen sulphur act like magic in two or three cases of sea-sickness, and very bad cases they were. But then there was violent headache, and determination of blood to the head, cold feet, flushing of the face, burning on vertex, terrible nausea, and vomiting of bile with great prostration, in a markedly psoric subject. With such symptoms present, *coccus*, *ipex*, *apomorphia*, and all else besides will fail, because sulphur is the *most like*—the *similimum*. The great error of the present practice of homœopathy, and a fatal one it is, is that homœopaths are content with the medicine which is like (the *simile*), instead of what Hahnemann in every page, I should almost say in every line, of his *Organon*, advised us to select, namely, the medicine which is most like the totality of symptoms in each case (the *similimum*). Until we correct this error in our practice, and cease from dreaming that *apomorphia*, or aught else, can ever be a specific against a general and ever varying disease, sea-sickness—or that lime-juice is a specific or preventive and curative of every outbreak and case of scurvy—we shall never be worthy followers of one whose name is frequently taken in vain.

Our excellent well-meaning friend Smith has something more to learn. He is not aware that all emigrant vessels are supplied with surgeons who are appointed by Government, and that the captain has no power whatever in the matter ; and as little have the ship-owners. The Government is directed in matters medical by allopathic advisers, and I fancy I see them appointing surgeons of homœopathic proclivities to emigrant vessels, and giving them printed directions to get the medicine chests supplied and filled by Messrs. E. Gould and Son, 59, Moorgate Street, London, or of Messrs. Thompson and Capper, of Liverpool. They may do so “in the good time coming,” but we must “wait a little longer.”

For some time to come, emigrants at all events, must learn to grin and abide, and take their sea-sickness kindly with the additional weight of suffering put upon them by allopathic palliatives and drugging.

With these few remarks, and with the best of feelings towards friend Smith,

I remain,

Yours truly,

THOMAS SKINNER, M.D.

Liverpool,

81st March, 1877.

PSEUDO-HAHNEMANNIANS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—With some of your critical remarks in the current number, I entirely agree. My objection to the above term was made upon principle, because its inappropriate use establishes a basis for discord. Hitherto the title of Homœopath, and, by implication, of Hahnemannian, has been accorded to any practitioner who makes his selection strictly in accordance with the law of similars; and it is by no means desirable that the question of dilutions should disturb existing harmony.

There are three points upon which we appear to differ :—

1.—You disapprove of “key-note” symptoms. Now, where a key-note symptom is applicable, the totality will follow as a sequence. Strike your major A as the key-note, and the use of the C, F, and G sharps will be, of necessity, involved. High dilutionists are not the only ones who recognise this fact.

2.—You charge the extreme dilutionists with neglecting the *similia*. The preceding partially answers this; but I may say, in addition, that I have invariably found my high dilution friends the more accurate prescribers.

3.—You imply that high dilutions are “moonshine.” My experience teaches me that they frequently may serve to illumine the darkness of our therapeutic night, and thus carry us safely on to the morn of health.

I am not an advocate for the exclusive use of any set of potencies, but I do think we should cultivate a greater purity of practice. And when our endeavours fail, let us try to ascertain the cause thereof, and not ascribe to our system faults which pertain to ourselves. I now employ both low and high dilutions, neither alternating medicines, nor adapting a remedy to the mere name of a disease; and since doing so, my success has been more marked.

Finally, it is for those who deny a proposition, to disprove it.

If the high dilutionists claim that they have brought so-called incurable diseases within the range of successful treatment, and that the duration of illnesses may be materially shortened, it is for those who dispute the assertions, to disprove them.

Faithfully yours,

Albert Square,

Clapham Road,

April, 1877.

S. MORRISON.

[NOTE.—With all deference to Dr. Morrison, we would suggest that it is rather the duty of those who affirm a proposition to prove it, than of those who deny it to disprove it. Dr. Morrison must be aware that it is an extremely difficult thing to prove a negative, and if he is not aware that it is so we would

refer him to the pleasant argument with which Charles Kingsley establishes the existence of "Water Babies." For the other points in his letter we would suggest that he should carefully re-read our articles and notes, as he will probably find that he has in some places misread our words, and in others failed accurately to follow our argument.—Eds. M. H. R.]

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To the Editors of the Monthly Homœopathic Review.

Gentlemen,—When the only reply given to a correspondent is a re-assertion of statements already refuted, it is useless to prolong the discussion on *that* point; but I regret to have again to state that you have misquoted Hahnemann.

You make a strong point of the fact (?) that Hahnemann always prepared his dilution with *alcohol*, and that the very high ones of the present day are prepared with "undistilled and therefore impure" water. If you refer to his paper published (in 1801) in Hufelands' Journal, *Ueber die kraft kleiner Gaben der Arznei*, you will find he speaks of *aqueous* dilutions; and in his latest writings he speaks of dissolving the globule in *water*, and giving spoonful doses thereof. Therefore, as I presume Hahnemann could not always make use of distilled water in the houses of his patients, your objection relative to the employment of undistilled water applies equally to him. You further accuse me of treating my cases "confessedly by means of the keynote system." If you will refer to my "confession," you will see that I "confessed" nothing of the kind. I distinctly said that, with the exception of two classes of cases, I took the most important symptom *as my starting point*, but selected that which corresponded best to the entire group. I should also be glad if you will enlighten my ignorance as to the difference between a "keynote" and a "strange, peculiar, or characteristic symptom." In my simplicity I had always imagined that they were the same.

As to the "hated" title of pseudo-Hahnemannian, I beg that you will not be uneasy on that point; I am not angry, but only *amused* at the title you have conferred upon me, and consider it one of the best "goaks" which you have favoured us with for a long time.

I am pleased to see, however, that in your last paragraph you make a *practical* suggestion, and ask if Dr. Lippe and his colleagues (*pseudo-Hahnemannians*!) have effected more with these high potencies than others. I have no doubt that Dr. Lippe will give you plenty of "facts" if you really desire them; in the meantime, allow me to quote two of his published statements:—

(1.) "In 1859 there were treated by myself in the town of Carlisle, Pa., over 150 cases of scarlet-fever with the 200th and higher potencies exclusively; *mortality none*. The allopaths lost over 90 per cent., and the survivors were crippled for life."—*Cincinnati Advance*, vol. iii, p. 544.

(2.) "I have attended cholera patients, *never lost one*."—*American Homœopathic Review*, vol. v, p. 162.

What was the experience of the "physicians practising homœopathy" in the last cholera epidemic in England? Can they say that they lost no cases? And it must be remembered that when "our American cousins" go in for anything, whether it is fever, cholera, high potencies, republicanism, or Moody-and-Sankeyism, they go in for it *pretty strong*.

Yours, &c.,

E. W. BERRIDGE.

[NOTE.—The publication of the preceding letter is to be regretted for many reasons, but we could not in justice to ourselves refuse it insertion. We can only trust that in calmer moments Dr. Berridge may recognise the fact that he has perpetrated a blunder in writing it. While it carries its own refutation sufficiently on its surface, it may be as well to point out that Dr. Berridge justifies the impure attenuations to which he is addicted, by the fact that Hahnemann used to dissolve the globule in water previous to administering portions of the solution. Dr. Berridge either is incapable of sustaining an analogical argument, or else he is wittingly throwing dust in the eyes of his readers. Dr. Berridge's suggestion that our American cousins go in strong for high potencies, &c., compels us to add that, if he has quoted Dr. Lippe aright, one of them must go in strong for statistics as well! We have no desire to be hard on an absent member of our profession, but we must simply decline to receive the statistics of the Carlisle epidemic without further corroboration. As to Dr. Lippe's success in treating cholera, a good deal will depend on the time, place, and *number* of the patients treated.

In fact these statistics are so very tall, that they remind us of the story of the American sportsman, who said that he once shot 699 duck with one discharge of his fowling piece. An incredulous Britisher remarked that he should make a round number of it, and say 700 at once. The veracious sportsman scorned the vile insinuation, with the remark, "Do you think, sir, I would sink my soul in sin for one wretched duck?" Dr. Lippe—if Dr. Berridge has quoted him correctly—seems to have outdone his fellow-countryman, and *gone in for round numbers*.—*Eds. M. H. R.*]

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Mr. CUTMORE requests us to state that in a Directory recently issued by Messrs. THOMPSON & CAPPER, of Liverpool, he is incorrectly described as residing at Dover. His residence is, and for some years past has been at 70, Earl's Court Road, Kensington.

Dr. BURNETT's paper will appear in our next number.

Communications, &c., have been received from Drs. Berridge, Bayes, Drury and Yeldham, and Messrs. Cramporn, Vaughan-Morgan, and Cross, London; Dr. Hughes, Brighton; W. F. Smith, Weston-super-Mare; Dr. Blake, Birmingham; Dr. Skinner, Liverpool; Dr. Harmar Smith, Margate, &c.

BOOKS RECEIVED.

Practical Sketches. No. 1, Technical and Handcraft Training. By HAHNEMANN EPPS. Hampstead: J. Hewetson, High Street. 1877.

Sanitas Sanitatum, et Omnia Sanitas. By RICHARD METCALF, F.R.S. Vol. 1. London; Co-operative Printing Company, Plough Court, Fetter Lane, E.C. 1877.

Vital Statistics, showing the increase of Small-pox and Erysipelas in connection with the extension of Vaccination. A letter by C. T. PEARCE, M.D., London. Spottiswoode & Co. 1877.

The Malvern News. March 24th, 1887.

The Encyclopedia of Pure Materia Medica. Vol. 5. Edited by T. ALLEN, M.A., M.D. New York. Boericke and Tafel. 1877.

Therapeutics of Diphtheritis. By F. G. EHME, M.D. Second Edition. New York. Boericke & Tafel. 1877.

The Appearance of Electricity as a Therapeutic Agent. By J. H. RAE, M.D. Boericke & Tafel. New York. 1877.

Annual Report of St. Saviour's Hospital for the Treatment of Cancer, &c. 1877.

The Homœopathic World. April. London.

The Chemist & Druggist. April. London.

The Hahnemannian Monthly. February. Philadelphia.

The New England Medical Gazette. March. Boston.

The United States Medical Investigator. March. Chicago.

The Ohio Medical and Surgical Reporter. March. Cleveland.

The Medical Advance. April. Cincinnati.

The United States Medical Investigator. Chicago. April.

An Open Letter to the Homœopathic Profession, by Ten former Members of the Faculty of the Hahnemann Medical College. Chicago. 1877.

Valedictory Address to the Graduating Class of the Chicago Homœopathic College. By W. H. Woodgate, M.D. Chicago. 1877.

L'Art Médical. April. Paris.

Bull. de la Soc. Méd. Homœopathique de France. January. Paris.

Bibliothèque Homœopathique. February and March. Paris.

Review Homœopathique Belge. February and March. Brussels.

Allgemeine Hom. Zeitung. April. Leipzig.

Rivista Omiopatica.

El Criterio. Feb. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE long-cherished aim of the founders of the London Homœopathic Hospital has at last been accomplished, a "School of Homœopathy" is now actually in working order. The introductory lecture was delivered on May 1st by Dr. GIBBS BLAKE, of Birmingham, Dr. HUGHES began his course of lectures on *Materia Medica* on the 7th ultimo, and Dr. DYCE BROWN that on *Practice of Medicine* on the 8th. The lectures are to be delivered twice a week during the summer session, and are to be continued as two parts of one course through the winter months. We sincerely congratulate the profession on this great step in advance. Its necessity is obvious if we are to expect a generation of properly trained homœopathic practitioners to succeed those who must in course of time leave their places to be filled by others. Now, also, we shall be able to point out to the student the *principles* of homœopathy, and so enable those who have been taught isolated pieces of homœopathic practice by such men as RINGER and PHILLIPS to perceive the real drift and meaning of such teaching, and how they may work out the principles with other medicines of importance, of which no notice is taken at University

College and Westminster Hospital. Though the School must open with a small audience at first, there is, with sixteen students on the list, great reason for encouragement, and ample reason to anticipate its success. The progress of the scheme, we think, is almost entirely owing to the indefatigable efforts of our colleague, Dr. BAYES, without whose labours (for they have been labours), and influence, the School would not have existed. The homœopathic section of the profession and the public owe him a debt of gratitude for having brought about one of the most important events in the history of homœopathy in Britain. One would have thought that such a scheme as the formation of the School would have had the sympathy and active support of every member of the profession who believes in the homœopathic method of treatment, and it is with regret that we observe that this is not the case. Certain gentlemen, for reasons which are very difficult to comprehend, have chosen to pooh-pooh the scheme, and even to oppose its interests. Such opposition, however difficult to understand, can do the School no real harm ; its promoters can afford to smile at it, and regret that there are any who can allow minor reasons to come in the way of the promotion of such a great scheme as the School.

But we do regret that an agitation has been raised by real friends to the School, and with the view of furthering what in their view are its best interests. This movement we regard as not only entirely mistaken, but as one calculated to do the greatest harm to the Institution, and to the progress of homœopathy. We allude to the proposal by Drs. BLACK, DRYSDALE, DUDGEON, and KER, that the name of the School should be altered ; that, though still to be a School for the express purpose of teaching homœopathic principles and practice, all allusion to homœopathy in the title of the School should be avoided.

Such a proposal would by most people be looked upon at once with suspicion and astonishment. They would be at a loss to account for the formation of a School for the express purpose of teaching and spreading the doctrines of homœopathy, while no hint of such object was expressed in its title; and this all the more that the proposal emanates from four of the oldest, most experienced and influential members of the profession.

Although, as we have already stated, we consider the movement a great mistake, and a mistake fitted to do a great deal of harm to the School and to homœopathy, it is but due to these four gentlemen, to give their reasons for pursuing the course they are taking.

They have with others borne the brunt of the homœopathic battle for years. They have suffered from the professional obloquy more than have the younger homœopaths, since the acerbity of feeling which was prevalent some years ago is now considerably modified. They have long felt the hardship of being kept, with other homœopaths, out of the privileged precincts of the majority, have denied, with their colleagues, that they are, or have any desire to be, sectarian, and are looking forward, with all of us, to the time when homœopathy will be the dominant system of treatment, and when professional unanimity will no longer necessitate the adoption of any name to distinguish the practice of one physician from that of another. They consider that we have waited so long for this desirable consummation, that if we quietly go on as we have been doing, we may wait till the present generation dies out, and the remainder is, by permission, absorbed into the body of the profession, but without any *amende honorable* being made. They consider that the citadel must be forced, if we are to be possessed of it at all, and that now is the time to take the first active step in the assault. They think that there is already

a breach in the walls in the shape of the University of London. This, as most of our readers are aware, is not like other universities, but is simply a corporate examining body, with the power of granting degrees in medicine, law, and science. It is not a teaching, not an educating body. According to the character of the London University, the student presenting himself for examination in medicine is bound to produce certificates of having attended certain courses of lectures. Where these lectures are delivered, or by whom, is not asked, provided they are of the required number, and on the required subject. Here, then, say our four colleagues, is our chance. Our courses of lectures, according to the charter of the University, *cannot* be refused, and if they are accepted, as they must be, according to law, we are at once reinstated into our proper place in the profession, and the rest of the amenities will soon follow. But in order to this end, it is essential, they tell us, that the School be not called the "School of *Homœopathy*." They argue that the University of London, when applied to for recognition by any lecturer, would not *entertain the question* if the lectures were given at a "School of *Homœopathy*." The thing to be done is to attain the end, and for that end they consider that the mere dropping the sectarian name is a small matter, and besides shows to the allopaths that we have no desire to remain in a sectarian position, but take this opportunity of expressing our *right* to be recognised as members of the medical profession at large, and entitled to all privileges appertaining thereto.

This is the argument brought forward in support of an agitation to omit the word "*Homœopathy*" from the title of the School. What name it is proposed to substitute for it, we do not know, and we believe we are right in stating that it has been found no easy matter to decide upon a

suitable title. "The Great Ormond Street School of Medicine" is that which we understand has found most favour; but the only point on which any actual conclusion has been arrived at is that it must *not* be the "School of Homœopathy."

We have already indicated our opinion as to the entire mistake involved in such a course of action, and we now proceed to give our reasons for this opinion—reasons which we feel confident will commend themselves to the right judgment of at any rate the majority of those who have the interests of homœopathy at heart.

In the first place, let us suppose that the word "Homœopathy" as part of the title of the School is dropped, and some such name as the Great Ormond Street School of Medicine adopted; the next step to be taken is to claim recognition. But of whom must it be claimed? It is not the University of London. They accept certificates from lecturers whose courses of lectures are previously recognised by the legally constituted authority in such matters. This authority is the General Medical Council, who of course do not recognise any course of lectures without previous enquiry, and without satisfying themselves that they will meet their requirements. Now, who is there, knowing anything of the composition of the Medical Council, who can doubt for one moment what the result of such an application at present would be? The claim would be met by a direct refusal. Even supposing, for the sake of argument, that the Medical Council were as favourably disposed towards homœopathy as they are known not to be, they would expect that a course, say of Principles and Practice of Medicine, would embrace, if not teach, the ordinary treatment which the student must know thoroughly, and on which he will be examined. But it is not pretended, nor is it intended, that the course of lectures

on the Practice of Medicine in the new School should embrace, still less teach, allopathic treatment. On the contrary, the lectures are established solely for the purpose of teaching the homœopathic method, and the only allusion which will be made to allopathic treatment will be by way of contrast to that which we consider the better system. It must, then, be evident that if our four friends were to have their way, their hopes could end only in disappointment. The fact is that the student must, as we wish him to do, attend lectures on *Materia Medica* and on Practice of Medicine, at one of the other Schools, before he will be made *au fait* with the allopathic treatment, and the certificates for these will be those he presents for acceptance at the examining boards. He must do so if it were for no other reason than to avoid any unpleasantness at his examinations, while he should take out our lectures as something over and above, and as giving him information which he could not elsewhere obtain.

This brings us to another consideration, namely, that the School being essentially a supplementary one, the name should indicate what its aim really is. It is not a "Medical School" as that term is usually understood. By it every one understands one providing a *complete* curriculum of medical study, one where all the branches of a medical education are taught. Now ours is not so. We may in time see our way to the desirability of converting it into a complete Medical School, but, in the meantime, such an undertaking is unnecessary. It would involve a needless waste of money and labour, since every other branch of professional education is obtainable at any one of the numerous Medical Schools in the Kingdom. We are simply endeavouring to provide a great want, to fill up a gap in the medical education of the period. Our two courses of lectures are instituted for no other purpose what-

ever than to teach homœopathy—its *Materia Medica*, and its practical application in the treatment of disease. It would therefore be a perfect misnomer to call it “the Great Ormond Street Medical School,” or any other name than that which it bears—“the School of Homœopathy.” We wish it to be known that homœopathy is not one of several modes of treatment which may be indifferently adopted, but that it is the system which is going to be taught in the School, the old treatment being only noticed incidentally, or as applicable to a few exceptional cases. This renders it *necessary* for the student to attend courses of lectures on *Materia Medica* and Therapeutics at one of the ordinary Schools, in addition to our lectures, since we do not wish to have any half educated men in our ranks. We wish our students to know all sides of medicine, and all views of treatment, as by so doing they will be more thoroughly equipped for practice, and be in a better position to compare the results of one mode of treatment with the other, to appreciate homœopathy, and so be always prepared with good reasons for the preferring the new to the old system. We must, then, have a name which will leave no doubt in the mind of any one as to what the School is, or is intended to be.

But our friends say to us, “If you put the word ‘Homœopathy’ into the name of the School, you perpetuate the sectarian feeling which at present exists. We have been thrust against our will into a sectarian position, although we deny that we are the sectarians, and can clearly demonstrate that we are not. We are physicians and surgeons who claim the right to practise according to our convictions of therapeutic truth, and our experience of what is best; we do not desire to perpetuate the sectarian feeling, but would rather do what we can to break it down. We have an opportunity now of letting the allopaths

see that we wish to be friendly, and to abandon party names."

All this sounds very plausible, but is it correct? We sympathise thoroughly with the desire expressed by these four gentlemen that medicine should be one, and its professors united, and not divided into opposing parties, especially when the party feeling is so keen on one side. We also claim our right not only to practise according to our conscience, but we claim our right also to be treated in every way as the allopaths treat one another, and we are ready to let bygones be bygones, and to meet our opponents as friends *as soon as they are prepared to do likewise*. But here lies the whole difficulty. Our opponents are *not* prepared to meet us half-way. It is at present a mere delusion to suppose that they are. There are a few men who are really with us at heart, and others who are so far well disposed towards us that they would wish to see freedom of opinion and practice, but they cannot, or will not attempt to direct the majority, or to endeavour to influence them in any active way; while the majority of the profession, who possess the control of the journals, and who are in their turn, as in a vicious circle, ruled by the journals, are the reverse of friendly. The allopaths as a body, either through the medium of their leading men, or their leading journals, show not the least sign of a desire to make up for the past, and meet us on any common ground. They still refuse to insert our contributions in their journals, they refuse to insert our replies to articles full of ignorance and misrepresentation of our system, they decline even to advertise our books; many of them still decline to meet us professionally, while those of them who know what homœopathy is, and who largely practise it, are afraid to say so, but prefer to pocket their principles, ignore the real sources of their information, avoid any ex-

planation of the action of homœopathically-acting medicines, or if they do venture some explanation of it, it amounts only to direct shrinking from the real question at issue.

While this is the state of feeling in the old school, would it not be little short of suicidal madness to drop the name *Homœopathy* in the title of our School? When two nations are at war, the weaker having kept its ground pluckily against the stronger in spite of all the enemies' tactics, offers of peace from the weaker side are only possible when it is clear that the stronger is willing to enter into fair terms, but so long as it is evident that any offers of peace will only be construed into signs of giving up the struggle altogether, and will result in renewed efforts on the part of their enemies to crush them, so long it is impossible for the weaker to show the slightest indications of any course of action which could be construed into meaning the reverse of what is intended.

So it is now with us. We have fought the fight for years, and none more manfully than these four of our colleagues, whose views we are now discussing. We have fought in the face of almost insuperable difficulties—difficulties which would have crushed us long ago, if we had not had *truth* on our side. We are just beginning to see that we have not fought in vain, that our views are making steady though stealthy progress in the ranks of our opponents, and that, provided we are true to our principles, the issue is only a question of time.

Is this then a time, when we are as it were within sight of the goal, to furl our colours, to sink the name which, though abused and misrepresented, explains our views and practice better than any other would, and has come to be a term rather to be proud of, as indicating our belief that we have reached the long wished for truth in medicine.

If we are weak enough to be induced to take this fatal

step, the result will certainly be that our four friends will find out, not a day too soon, that their diplomacy is a failure, and that recognition is refused by the General Medical Council, while our opponents will only laugh at us for our weakness and folly, and make use of ourselves to stamp us out. Besides, our patients will never understand the meaning of such a course. They prefer homœopathic treatment, and do not scruple to say so, and go to homœopathic physicians in preference to one who is an allopath; they know that we have fought hard for professional existence, and sympathise with us; they know that we are conscientious, and admire us for acting up to our principles, and what will they say to such a proposal as this one of leaving out the word *Homœopathy* altogether from the name of the School? They will certainly be at a loss to understand it, and will interpret it into a yielding of the whole question, or to put the mildest face upon it, into an amount of moral weakness and folly which they did not attribute to us. Lastly, we should sink in our own estimation, when it was too late to retrieve the mistake. For let it be distinctly understood that such a step, if not successful in its aim, is suicidal. We believe that it is not possible at present to be successful, and it would be very soon discovered, when too late to retreat, what a mistake had been committed.

Surely Dr. DUDGEON cannot have forgotten the manner in which the *Lancet* met his friendly overtures two years ago. At the time of the discussion relative to the admission of homœopaths into the newly formed Birmingham Medical Institute, the *Lancet* went so far as to say that there was "no objection to the administration of a drug if experience has shown that its action is beneficial, and although that action may at first appear to be explicable only on a homœopathic hypothesis," but that the real

point at issue was that we "assume a name calculated to mark them (*i.e.* us) from the body of the profession." Dr. DUDGEON wrote to say that he was ready to drop the name of homœopath, if those who object to the distinction will cease to act towards us as they have done, and give us the full professional rights and courtesies accorded to the practitioners of their own School. But how was this received? Instead of being met in a friendly spirit, and a basis of union proposed, the editor says, "It is not a little curious that the death-blow of homœopathy should be dealt by one of its reputed heads in this country, &c." This little episode occurred only two years ago, and yet Dr. DUDGEON is one of the four who propose to commit an act in the same direction, but much more serious in its consequences. Two years ago Dr. DUDGEON had only to cease the correspondence, and the matter dropped; no harm was done, but rather good; in so far as soundings had been satisfactorily taken. Now, if this proposed fatal step be taken, the matter will not end there. We would entreat the four gentlemen who are leading this agitation to pause, and reconsider well the result of pressing this question.

We have endeavoured to show at what imminent risk to the School, and to homœopathy at large, the name would be altered, while the gain for which such risk is to be run is, at present, so impossible of realisation. We are as anxious as they are to vindicate our rights, and to see the time arrive when the profession will be again united, and by the current adoption openly of homœopathy, all sectarian names will be abolished, because they will thereby be rendered unnecessary. But we repeat, the time has not yet come for this. Let us, by all means possible, make it clearly known to the allopaths that we are ready to meet them whenever they are prepared openly to acknowledge the injustice of their treatment of us, and to reinstate us

in all our professional rights, but let us not fall into the fatal mistake of grasping at a shadow, and at the same time losing what we have gained. We shall be misunderstood and misinterpreted by our opponents, who will be only too ready to take the most uncharitable view of the matter, and say that we are abandoning our position, and giving up homœopathy.

We feel so strongly upon this point, as do all who are at one with us in this view of the matter, that we *cannot* retire from the position we have taken up. We therefore appeal to those who have urged the adoption of a *non-distinctive title*, in the interests of the School, and of the cause we all have at heart, not to create a split in the camp by pressing their opinions. Were they to accede to our appeal, and withdraw the whole question, it would greatly redound to their honour and their magnanimity.

We have hitherto discussed this question calmly as between friends, stating as fairly as possible both sides. For, as we have said more than once, we believe that Drs. BLACK, DUDGEON, DRYSDALE, and KER are real friends to the School, and are acting for what they consider its best interests. But we regret deeply to find that in the last circular issued by them to their colleagues, a certain *animus* has crept in; that the tone of some of the observations it contains is such as to give the impression that these four signatories are not well disposed towards the School. More especially is this noticeable in their having incorporated in their circular, and in so doing having given their approval, to a letter from Dr. QUIN, which displays, we regret to say, a decided enmity to the School altogether, and a strongly personal antipathy to the esteemed Honorary Secretary, Dr. BAYES. This brings a new element altogether into the discussion, and as we believe the four signatories to be real friends to the School,

it is the more unfortunate that they should have so written and endorsed Dr. QUIN's letter, as to lead to a misapprehension of their true feelings.

The only course left in justice to themselves, and in justice to us who still believe in their interest in the School, is to disclaim any such feeling of enmity, to disavow all approval of the sentiments embodied in Dr. QUIN's letter, and since they find that this friendly discussion is made use of by the enemies of the School to gratify their feelings of dislike to the whole scheme, to withdraw the whole point at issue, and permit the School, with its present distinct, straightforward, and honourable title, to go on and prosper.

It would indeed be the most melancholy episode in the history of homœopathy in this country, if the School were ruined, and the cause we all have at heart irreparably damaged, not by open enemies, but by friends, who have been honourably known for years as some of the leading men in the ranks of homœopathic practitioners.

CASE OF URTICARIA CURED WITH CHLORALUM (CHLORAL HYDRATE).

BY J. C. BURNETT, M.D.

ELIZABETH X. came under observation at the Wirral Homœopathic Dispensary, Birkenhead, on October 2nd, 1876.

History.—Fourteen years ago she was infected with gonorrhœa by her husband, in the course of which she had a swelling in the left groin. Some weeks ago she began to be sick, and one night vomited a good deal; fourteen days thereafter she had great irritation of the skin, with swelling of the eyelids.

Status præsens.—She now complains of attacks of itching and irritation of the skin; swelling of the eyelids, sometimes of the upper and sometimes of the lower ones, or again of the upper lip; this œdematous state of parts of the face is followed in a day or two by the appearance of

large urticarious wheals all over the body, itching very much; these wheals are most numerous on the thighs, legs, arms and neck; they come on suddenly from a *chill*, *not* from heat, and as long as she remains in the warmth she is not troubled with them; crops of them appear many times a day. She keeps a little shop, and is constantly passing to and fro from the warm back room to the cold shop. Menses regular. Has thick yellow leucorrhœa, which is at times tinged with a little red blood. Otherwise in good health, and has a fine, white, fresh looking skin.

The pathology of the case would seem to be perverted innervation of the skin set up by cold; the initial vomiting being really an attack of a similar kind affecting the stomach.

The woman had had gonorrhœa years ago, and if Grauvogl be right in accrediting the gonorrhœal virus with the power of so altering the blood as to produce his *hydrogenoid constitution*, one of whose grand characteristics is undue susceptibility to cold, then a certain causal nexus may exist between the ancient gonorrhœa and the urticaria. Hahnemannians will kindly forgive this little bit of hypothetical pathology, and charitably put it down as padding.

Treatment.—I am sorry to have to confess that my usual way of treating urticaria (*morbus urticæ urentis* one might say, after Hohenheim) has been hitherto of a decidedly routine character, which some euphemistically call the “key-note system.” During four years I have treated every case of urticaria coming before me with *urtica urens*, and, I believe, cured them all—perhaps some twenty-five or thirty cases. That the nettle produces an irritation like nettle-rash is an early experience of most of us, when locally applied, and that it very often cures it any one may learn experimentally by giving it internally.

The following fragmentary proving may find a fit place here. Prover, a middle-aged clergyman, in good health, whose cook was fond of brewing nettle beer, and who got her master to drink of it for a week or two in spring, “because it is *cooling* and good for the blood in spring.” The clergyman reported this to me. “Felt very sleepy, especially in the afternoons from two to four o’clock.” “Catches in the hamstrings.” “Stinging and itching in the backs of the hands and tops of the feet (not in the soles or palms), waking him up at night.”

To return to my case.

Oct. 2nd, 1876. R̄ *Urtica urens*, 8, one pilule every four hours.

9th. No better. R̄ *Urtica urens*, 2.

16th. No better. R̄ *Thuja*, 1.

Nov. 2nd. No better. R̄ *Urtica urens*, 2.

29th. No better. R̄ *Urtica urens*, 1.

Dec. 6. R̄ *Sulphur*, 30.

13th. R̄ *Urtica urens*, 1.

Jan. 10th, 1877. Three months trial of my favourite routine medicine for urticaria has availed nothing. She thinks they are brought on by wet weather. R̄ *Dulcamara*, 8.

22nd. No better whatever. My attention had been called by Dr. Drysdale to the pathogenesis of the *hydrate of chloral*, from which we see the power of this drug to produce an eruption closely resembling urticaria, and to the clinical verifications by Dr. Dyce Brown, published in the *British Journal of Homœopathy*, vol. xxxii. Here then we have a truly scientific basis to go upon, viz., sound experiment on the healthy, and equally sound clinical verification; that is exact experimental science in therapeutics.

In the pathogenesis of *chloralum (hydrate of chloral)* in Allen's *Encyclopedia of Pure Materia Medica*, vol. iii, we find—

"*Eyelids* became red and swollen." "*Œdematous swelling of the face, cheeks, eyelids, and ears now set in.*"

"*Eruption on arms and legs, exactly like nettle-rash, in large raised wheals, with intense irritative itching.*"

"In some nettle-rash occurred."

Jan. 22. R̄ *Chloralum*, 1x. trituration, two grains three times a day,

29th. Very much better. Rep.

Feb. 7th. Nearly well. Rep.

28th. Quite well. No medicine.

April 6th. Continues well—that is, the patient continues quite well of the urticaria, but the leucorrhœa persists.

From the pathogenesis of *chloralum*, I take it that the chloral-urticaria especially affects the extremities.

Now let us see how the allopaths treat urticaria. Neumann just reflects his master Hebra, therefore believers in authority will be amply satisfied if we quote him. Neumann (*Skin Diseases*; Pullar's Translation. Lond. 1871) says—"The treatment of urticaria is to be directed towards the removal of the causes, as well as the

local condition; when the disease arises from digestive derangement or external agencies, the treatment is usually successful; rarely, however, in cases in which the disease depends upon disorders of the sexual system, and chronic affections of the organs. The local treatment consists in the employment of cold douches, baths, and bandages, or in sponging the surface with dilute vinegar, or a lotion consisting of *alcohol* (3 ij.) and *acetic acid* (3 j.), or *aqua coloniensis*, or in dusting the skin with powdered starch. Lotions of *acetic* and *citric acid* are of little value, as also dilute *sulphuric acid*. In the chronic form of *urticaria papulosa*, however, the *emplastrum mercuriale* is usefully employed, the affected part being covered with it during the night."

In fact "remove the cause" (aye, good friend, *da liegt der Hund begraben*!), and use "washes" and "plasters," and "baths and bandages."

Just fancy bandaging *urticaria*. The *aqua coloniensis* is a brilliant conception, especially when used as a shower-bath.

51, Hamilton Square,
Birkenhead.

ON THE PRESENT STATE OF MEDICINE— ALLOPATHIC AND HOMŒOPATHIC.*

By D. DYCE BROWN, M.A., M.D.

GENTLEMEN,—In commencing a Course of Lectures on the "Principles and Practice of Homœopathic Medicine," I think it is of the greatest importance that I should as much as possible place myself in your position as listeners and learners, as by so doing I shall be able to meet your difficulties, to enter into the doubts and misgivings of anyone present who is feeling his way to the new treatment, and to make the course so much the more useful and practical.

The fact of your presence here to-day shows that you feel a desire to study the homœopathic mode of treatment of disease, and while some of you, I have no doubt, already know what homœopathy means, and perhaps something in a general way of its treatment, others

* Introductory Lecture to a Course of Lectures on the "Principles and Practice of Medicine, according to the Homœopathic Mode of Treatment," delivered at the London Homœopathic Hospital, May 8th, 1877.

perchance come out of curiosity, willing to hear what we are prepared to teach, but as yet knowing nothing of the new system, in its principles or practice.

The student thus introduced for the first time to homœopathy, not unnaturally inclines to ask himself, "Why should I, after all, trouble myself about this new treatment? Is not the old system the one which is practised by the majority of the profession, and which has the support of the Jenners and the Gulls, and is it not found to be successful enough in practice?" Such a question is by no means unnatural, and is the outcome of the feeling of reverence and respect for his teachers, which it is right and proper he should have, considering his position as a learner. I well remember when I was a student, how eagerly I absorbed all that I saw in the way of treatment, and how, coming to College and Hospital as a learner, I took for gospel all I was taught in this department. My teachers were men of ripe experience, their diagnosis was correct, they were able to explain all the minutiae of the symptoms, the physical signs, and the pathology of the disease under consideration, and when they came to prescribe, there was no hesitation visible. They advised this or that treatment with seeming confidence, and if homœopathy should ever happen to be mentioned, it was only to laugh at it, as a system of quackery, giving medicines which were just equal in value to so much cold water. Was it unnatural, then, that I should drink in with implicit confidence and faith the principles of treatment which my teachers recommended, and believe what they said of homœopathy, and those who practised it? The student of to-day has, I have no doubt, the same conservative feeling of respect and reverence for what he is taught in the way of treatment at College and Hospital, but thanks to the position which homœopathy is every day making more firm for itself, and to the prominence with which it has of late been brought before the profession, students now know something of what are its real principles, and have a desire to know more of its tenets and practice. Still they naturally, from previous prejudice and training, are inclined to say to themselves, "In the old system we have something definite and certain, something which the majority of the profession believe in, and something which, as a solid basis, we are not inclined to throw up, until we are shown its weakness, and the superiority of another treatment."

It is of great importance, therefore, that the eyes of the student should be opened in the first place as to the value of allopathy as a system of treatment in the eyes of those who themselves practise it, and who are most fitted to express an opinion on it, in order that he may see clearly how much he is throwing overboard—whether of valuable cargo or only rubbish—in sailing from the harbour of allopathy, and taking a voyage of discovery to the unknown lands of homœopathy. He will thus have his old prejudices and beliefs shaken, and his mind left open to receive something new, which he can compare in value with what he has previously looked upon as certainty and truth.

Perhaps the best way of bringing clearly before you the present state of therapeutics, and of the feelings of the profession in regard to its advanced or retrograde state, will be to give a sketch of the history of therapeutics, from the time of Hahnemann, the founder of homœopathy, in the end of last century, until now.

Up till the end of last century, we find the old system of medicine reigning supreme; the practice was of the most rude and barbarous nature; venesection and leeching combined were employed in the most trivial cases of an acute nature, and were followed up by purging, mercurializing, and blistering. The necessity for such treatment was never doubted, although the means of cure were often more painful to endure, and were more detrimental to the constitution than was the actual disease. If a patient were feverish, and had a quick full pulse, this was reduced by abstracting so much of his life-blood as to cause fainting and pallor of the skin, his weakness thus artificially produced was increased by purging, while for a large number of complaints his gums were made so sore by mercury, that he was unable to eat any food, and as a subsequent result, although he recovered from his original ailment, his constitution remained much impaired. Fortunately, those dreadful forms of disease, the result of this abuse of mercury, are things of the past, and only now-a-days show us the low state of therapeutics at that period. This practice was so prevalent, that if anyone in these days ventured to treat a case of apoplexy, pneumonia, or pleurisy, in any other than the "heroic" method then in vogue, he was deemed guilty of culpable negligence. A few of the noble and more thoughtful men, however, could not feel satisfied with this barbarous treatment of disease, and

among such we find Samuel Hahnemann. This great man and original thinker became so disgusted with the practice of the day, that as he knew of nothing better in its place, he retired altogether from practice, and took to scientific study, chiefly chemistry, in which he was a proficient. Most touching is the record of the struggles for daily bread which he had to go through, in consequence of this retirement from practice from conscientious motives, but this I have not time at present to dwell upon. In the course of his studies, however, it struck him as a curious fact that *cinchona*, which he and every other physician knew to be a specific in the treatment of ague, produced in himself, after taking a large dose by way of experiment, he being at the time in perfect health, a paroxysm of fever, closely resembling an attack of ague. To many minds of mediocre power, this fact would have simply been noted as a coincidence, and forgotten, but in an original mind like that of Hahnemann, it raised the important and suggestive query—"Is this a mere coincidence, and peculiar to *cinchona*, or may it not be found in the case of other drugs, that the same medicine which will cure a disease, will also produce a similar condition in a healthy person, when taken in a sufficiently large dose? And if it is found that such is the case, does not this suggest a law of cure?" His medical reading now came to his help; he remembered that Hippocrates had said that "some diseases are cured by likes, and some by contraries," and he could, with this new light thrown upon the subject, pick out in the existing medical works a considerable number of undoubted examples of this method of cure, unconsciously made use of. He then collected all the records of poisoning he could lay his hands on, and proceeded to commence practice again, by using the same drugs in cases similar to the diseased states which in the records of poisonings he found were produced by the drugs. After a practical trial of this new method of treatment, extending over six years, he gave forth to the world his views and his new principle. He stated that the true method for discovering the therapeutic action of a medicine was to institute experiments or "provings," as they are called, on the healthy body, and after discovering what is the precise action on the healthy body of each drug when given in a large dose, the same given in a small dose will cure a case of disease, which is characterised by symptoms similar to those produced

by the drug on the healthy body. He then formulated the principle in the aphoristic form of "*similia similibus curantur*," "likes are cured by likes."

This new doctrine, so simple, but so diametrically opposed to the old practice, fell like a thunder-clap on the profession, and was met by a most violent opposition. On looking back one cannot wonder at the reluctance of the doctors of the period to take up this new idea. Men's minds require a certain amount of previous preparation, a condition of receptivity, before they can break with old prejudices and beliefs, and take up with a new system. The practice of the time was so thoroughly taken for granted, as a necessity, by all but a very few, that they could not conceive of so simple a method of treatment taking the place of the "heroic" method. The opposition soon rose to a fever-heat, and has continued more or less ever since, almost as an article of the so-called "orthodox" faith.

Still there was a sufficient number of men who were dissatisfied, like Hahnemann, with the old practice, whose minds were in a receptive state for something better, who took up Hahnemann's views, and put them in practice. Their results could not be gainsaid; the public took it up, and employed the new and mild treatment in preference to the old, rough system; and most important of all, the profession could not shut their eyes to the fact that diseases, which they had hitherto believed could not be cured without the strong and barbarous methods then in vogue, actually got well in greater numbers under the new treatment, the small doses of which they looked upon as so absurd as to amount to nothing more than the administration of cold water. To the thinking minds of the old school, then, the uncomfortable query forced itself upon them—Is it the case that, after all, our medicines are not only useless, but possibly hurtful? This was the first great blow which homœopathy struck at the old system, and it inaugurated the *period of scepticism* in medicine. A school of physicians arose, known as the "expectant" school, who went to the opposite extreme, from the old, rough treatment; who lost all faith in medicine, and who maintained that all diseases could be cured satisfactorily by simple nursing. The results obtained by this treatment were found to be so much better than those under the old treatment, that the medical scepticism spread rapidly and steadily, till at the present time we find the majority of physicians express-

ing openly an utter disbelief in the value of drug-treatment at all. They confess that they have no system of treatment, no guiding principle which they can follow. Many even have become sceptical as to the possibility of ever having a *system*, and jeer at the notion as absurd or Utopian. We accordingly find in the various medical journals statements descriptive of the present state of old-school therapeutics, which would make the student open his eyes with astonishment, and which, if they came from our side, would be looked upon as calumnies, or at least *ex parte* statements. If it were necessary, I could occupy most of the hour in extracts from recent old-school writings of this nature, but I have no desire unnecessarily to abuse our opponents, even though the abuse be from their own lips. All that I wish to do, is to open the eyes of the student to the value which leading men in the profession set upon their own treatment, when talking candidly at societies or in their journals. For example, we find one writer speak of the Pharmacopœia as a "mass of rubbish," and another speak of therapeutics being in a state of "chaos;" we find a physician of the eminence of the late Dr. Begbie, of Edinburgh, in an address before the British Medical Association in August, 1875, taking as his text a question put by the late Sir William Hamilton, "Has the practice of medicine advanced a single step since the time of Hippocrates?" The very fact of Dr. Begbie's taking the trouble to answer such a question by a long lecture is of itself a satire on the profession, while his elaborate reply only brings out more forcibly how much ground there was for Sir William Hamilton's query. We find only last year Dr. Broadbent, physician to St. Mary's Hospital, in an address before the Harveian Society, saying, "I look forward to a time when we shall know, not only what medicines will do, but how they do it; when, in fact, teachers of medicine, in speaking of a case to their students, will not, in their appeals to the reason of the student, suddenly stop short when they come to treatment. We explain a case to a student; we appeal to the facts of physical and chemical science just up to that point where treatment commences; and here, in very many cases, we fall back on simple experience. The reason of the student is no longer called upon to follow us; we expect him, on the strength of what we have previously taught him, to take, perhaps, our authority, or the accumulated experience

which may find in us an exponent." We find an editorial article in the *British Medical Journal*, October, 1875, speaking as follows: "It is obvious that the more we know of the exact action of a medicine, the less chance we have of abusing it, as we restrict it to those cases in which we know there is a certain object to be attained, which we can attain in a certain manner. In thus restricting the internal use of drugs we confer a boon upon mankind; for it must be admitted that, even at the present time—which we consider so enlightened—there are many physicians who employ powerful drugs on the theory that they must do something; and thus, from mere habit, they make the *primæ viæ* of their patients a thoroughfare for useless, if not pernicious, medicines." And only a fortnight ago, the *British Medical Journal* (April 21), has a leading article on an address by Dr. Matthews Duncan, of Edinburgh, a man of world-wide reputation. The original address I have only just seen, but the editor of the *British Medical Journal* says it is important, "because in this address we have the statement of the opinions of one of the leading medical men of the day, who is speaking after mature experience of many years of practice, and who has himself added to our knowledge both of art and theory." "His scepticism," it goes on to say, "as to the value of treatment is, we think, too much the end in his mind, and too little the conscious means to more rational therapeutics; and the hopelessness with which he seems to view the future of medicine appears to be greater than even the chaos, in which this whole domain of knowledge undoubtedly lies, justifies him in indulging. 'There are,' says Dr. Duncan, 'two epochs, and two only, in the history of medicine; that of Hippocrates about B.C. 400; and that of the fifteenth century. At present we cannot foresee even the probability of another era so great in medicine as these.'" The editor adds again, "Dr. Duncan seems to us to raise the general question, Are there laws of therapeutics? and before he has well asked it, to answer dogmatically, No."

Surely after this, the student need not be under any misgivings that he is parting from secure moorings when he weighs anchor and sets sail from allopathy. He cannot be worse and he may be better. He only leaves behind him what the editor of the *Medical Times* calls "the hap-hazard of blind empiricism."

But this state of medical scepticism is really, when one

looks at it from a philosophical point of view, not a retrograde stage, but a necessary step to further progress. One can hardly expect a body of practitioners, educated in one traditional course of treatment, to leave it and accept a new system, until they go through the intermediate stage of dissatisfaction with what they have, and a corresponding desire for something better.

Men of thought, who have the honour of their profession at heart, will not be content to remain in the negative state of scepticism. There is an unconquerable instinct in the mind of the profession that some day a scientific system of therapeutics will be discovered. They see all branches of science governed by certain laws; even disease itself obeys certain laws, and follows a definite course, and they cannot but believe that, however far off they may be from it, a scientific system of treatment will be discovered.

Already there are marked evidences of this reaction, this belief in the great future of medicine; and we at the present time find the old school presenting several different phases of medical belief. We have, first, a few of the "olden time," who stick to their "good old" treatment, and punish their patients as heretofore. These men will probably continue in the even tenor of their ways in spite of general advance, and they will probably cease to exist in the course of nature. *Requiescant in pace.*

We have, secondly, a large section of the profession who, having had their beliefs so rudely shaken and overturned, rather glory in the resulting state of chaos, and laugh at the idea of the possible discovery of a *system* or *science* of therapeutics. These are, for the most part, the lesser minds, who will leave no mark behind them except as objects of psychological study. Such are those who, for lack of reflecting power, follow the lead of the higher minds, and will eventually join the party of progress, because it is the fashion to do so. Besides these two classes we find the advanced and thoughtful men of the profession divided into two classes. The first class contains those who have a longing for something better, than they at present have, and who express a firm belief that we shall one day arrive at "ideal medicine," and that the truth *must* some day be discovered. They moreover see their way so far as to indicate the direction from which we may expect to attain the happy ideal of medicine, namely, the investigation of the physiological action of medicines, the analysis of the

pure effects of drugs upon the healthy body, and the deduction therefrom of their therapeutical actions. In this they are assuredly right, and if they pursue this road, it *must* lead to homœopathy. This was the plan pursued by Hahnemann; this was the course he adopted in making his "provings" of medicines, and when our advanced friends of the old school have ascertained the pure physiological action of drugs upon the healthy body, they have but to observe their corresponding action in disease, put two and two together, and homœopathy is the inevitable result. An example of this class of physicians is Dr. Broadbent, whom I have already quoted, as lamenting over the present unsatisfactory state of therapeutics.

The editor of the *Medical Times*, in reviewing the lecture by Dr. Broadbent, which I have already quoted from, quotes Dr. Broadbent as saying—

That the ideal of therapeutics "is one in which the treatment will be directed by an exact and precise knowledge of the physiological action of remedies," and then it goes on to say: "That this knowledge will be attained in course of time is very probable—nay, almost certain; and it is in this direction that a great amount of work by able and distinguished labourers is being done. Almost daily is some addition being made to our acquaintance with the action of remedies, and amongst the most valuable of these researches are those which are 'in accord with, and give scientific explanation of the teachings of experience.' . . . There are very few cases in which the action of a remedy has been predicated from a scientific acquaintance with its physical or chemical properties. It is evident, therefore, that a vast deal still remains to be done before a scientific system of therapeutics can be formed; but it is this period that Dr. Broadbent anticipates. 'I look forward,' says he, 'beyond merely this knowledge of the action of remedies; I look forward to a time when we shall know not only what medicines will do, but how they do it; when, in fact, teachers of medicine, in speaking of a case to their students, will not, in their appeals to the reason of the student, suddenly stop short when they come to treatment. We explain a case to a student; we appeal to the facts of physical and chemical science just up to that point where treatment commences; and here, in very many cases, we fall back on simple experience. The reason of the student is no longer called upon to follow us; we expect him, on the strength of what we have previously taught him, to take, perhaps, our authority, or the accumulated experience which may find in us an exponent. I think that, sooner or later, we shall have therapeutics referred to the laws of physics and of chemistry.' When that shall have

been done, and done effectually, we shall reach an accurate knowledge of the action of remedies, and 'shall be able to employ those remedies with much more confidence and with much greater effect. We shall be able to apply them in, so to speak, unknown cases—in cases new to our experience, from a knowledge of general principles; and in this way, I am sure, we shall approach, and ultimately attain, the ideal of medicine.' "

Before leaving this lecture, we think it interesting to quote the editorial remarks of the *Medical Times*, introductory to the passage already given. They are as follows:—

"It is an instinct of the human mind to strive for perfection; we all have a desire to move forwards, to increase our skill and enlarge our knowledge; and we almost all at some period of our life have visions, more or less dim, of a perfect ideal which we vainly endeavour and long to realise. It is well for us that it is so. If men were content to plod along the grooves worn by their predecessors, science would make no advances, art would never improve, and we should be as far from perfection now as we were five hundred years ago. Since, however, man's restless spirit is ever straining to pierce upwards or onwards, ever seeking to unravel some fresh mystery and to add something to the stock of human knowledge, the ideal we have mentioned must always exist, and we shall always be striving—vain though our toil may be—to reach it. In no branch of knowledge, probably, is such an ideal more ever-present than in medicine. Who of us has not longed for a perfection of knowledge in diagnosis, and a completeness of resource in therapeutics?—and how often have we, all of us, felt how infinitely far we are from the attainment of that ideal, as we have stood by the bedside of a patient, helplessly watching that ebbing away of life which we were powerless to check. But, although our ideal may seem so hopelessly distant, it is well that we should occasionally be reminded of its existence, and have our most glaring shortcomings pointed out. Our knowledge has made vast strides, and is still pursuing its onward course, ever approaching by degrees the long-wished-for goal, and it may be that in time that goal may be reached, and the victory over disease fairly won."

The second class of physicians of the "advanced" section of the old school consist of men who are still further advanced, still nearer Homœopathy, but whom, I am sorry to say, I cannot consider so honest as those of the first class. These men evidently know well what homœopathy is, they adopt its treatment right and left, but, while doing so, they studiously ignore the sources from which they have received

their information, and publish their new therapeutics as if they were the result of original investigation. At the same time, they never so much as hint at the *principle* on which such novel treatment is adopted and recommended.

The representative men of this class are Dr. Sydney Ringer, Professor of Therapeutics in University College, and Physician to University College Hospital, and Dr. C. D. F. Phillips, now Lecturer on Materia Medica at the Westminster Hospital Medical School.

The former, Dr. Ringer, published a work a few years ago on Therapeutics, which was as full of homœopathy as it very well could be. Passages which might have been written by any homœopath were to be found in plenty, while any allusions to Hahnemann or homœopathy, or to any principle on which such treatment is explainable, were studiously avoided. Whether it was that the reviewers in the leading allopathic journals did not see under the veil thus thrown over the novel treatment, or whether they were really as advanced at heart as Dr. Ringer was, and were therefore disposed to back him up, matters not. At all events this book was lauded by all the journals, and has since become a recognised text-book on therapeutics. The other to whom I have referred, Dr. Phillips, was actually a homœopath, and practised openly as such for upwards of twenty years in Manchester; but some years ago, he, on coming to settle in London, withdrew from all connection with homœopaths and the homœopathic societies. We were twitted at the uncommon spectacle of a man who had so long and so successfully practised homœopathy, abjuring it and joining the ranks of allopathy again, and we could not do otherwise than admit with astonishment that such seemed to be the case. But less than three years ago, a work on Therapeutics appeared, with Dr. Phillips as the author, when to our surprise and amusement, this book was found to go a long way further than even Dr. Ringer's; and medicines which allopaths had probably never heard of before, which were only used by homœopaths, whose medicinal action was explainable on no other theory than the homœopathic one, were introduced, the indications for their use in disease were precisely what he had made use of in his former days as an open homœopath, and such as is found in all our works on the subject. One would have thought, from Dr. Phillips' previous history and position, that he could not well avoid some acknowledgment of

indebtedness to Hahnemann or to homœopathy. It therefore came all the more ungraciously from him, that he only once, I think, alluded in his book to Hahnemann and homœopathy, and then only to make an absolute mis-statement, coupled with a sneer at the system from which he had learned all this information. What still more surprised us was the high terms of praise bestowed upon the book by all the medical journals, and the hearty recommendation of it as an excellent handbook for students and practitioners. The only journal which showed up the book in its real colours was the *Brit. and For. Med. Chir. Review*, but this article only appeared several months after the reviews in the other journals, when the mischief had already been done, when it was too late to withdraw their praise, and when in consequence of the success of his book, and the high opinion entertained of its contents, Dr. Phillips had been appointed Lecturer on *Materia Medica* at the Westminster Hospital Medical School. It was quite evident, from the wording of the various favourable reviews of this work, that the reviewers were of the same advanced views as Dr. Phillips, that they believed in, and saw the practical value of homœopathic treatment, and were glad of an opportunity of openly adopting its treatment, since they could thus do so on Dr. Phillips' authority, and with no hint of any knowledge of the homœopathic source, and the homœopathic tendency of such practice.

The object of my going over all this already pretty well-known episode in the history of therapeutics is to carry the student a step further, and to enable him to feel his way with more confidence in the new path. I first showed him what an amount of scepticism in regard to drug-treatment, unsuspected by him and by the public, existed in the old school who are his teachers, and who recommend to him with seeming confidence the ordinary treatment of diseases, and thus to disabuse his mind of any belief in a fixed basis of scientific treatment underlying what he is taught in the schools. I next endeavoured to show him by example and quotation, the longing, instinctive desire for something better evinced by certain men of name and standing in the profession, and to point out that the direction from which these men looked for the millennium of therapeutics was really the very path which homœopaths had all along been treading, and which *must* lead them to homœopathy as the goal they hope to reach. Lastly, I have endeavoured to

show how other men of standing and reputation in the ranks of the old school go still further, and produce as clear proof as could be wished of their readiness to accept homœopathic treatment as the treatment of the future, if they can only do so by adopting it without acknowledgment, or admission of the hated source from which they have derived it. The student will, therefore, see that in resolving to study homœopathy and ultimately adopting its practice, he has the satisfaction of knowing that he is following in the wake of the most advanced section of the old school, while on the other hand he is not, like them, only making use of isolated pieces of practice for which he has the authority of Dr. Ringer or Dr. Phillips, but is following out the path which they, "for fear of the Jews," only tread by stealth. He will therefore be able to master and make practical use of homœopathy as a whole—not homœopathy in detached bits.

What then have we to offer you in homœopathy in place of the old system?

In the first place, we can offer you a *system* of treatment. It is no mere empirical practice—no mere using of a drug because it has been by accident discovered to be useful in this or that disease, but it is a practice guided by a definite rule—a definite, and harmonious *system* of treatment of disease. The student can hardly as yet feel till he enters practice what an untold comfort and support it is to him to know that when he gets a case of disease to treat he can treat it in accordance with a simple and beautiful system; that each case proves to him a fresh illustration of a general principle or law of cure; and that he is acting in harmony with all that we know of God's government of the universe, in which everything exists in accordance with law, even disease itself. The practitioner thus practising his profession has an interest in his work which he can never have as long as he feels that the law of cure has yet to be discovered, and that in the meantime he must follow the prevailing fashion in treatment—a fashion which displaced that of twenty years ago, and which may in its turn be obsolete a few years hence.

Secondly, we have to offer you a system of treatment which is *direct*—one which does not attack the disease in a roundabout way, but which goes directly to the diseased organ. It stands to the reason of common sense that if any organ or tissue is diseased, the remedy most likely to be of service will be one which is known to act on this organ

or tissue, and the more closely the drug in its effect on the healthy body resembles the symptoms of the actual disease we have got to treat, the more likely is it that this drug acts upon the very inmost seat of the disease, and in a similar way to the cause of the disease. We first ascertain what organs each drug acts upon in the healthy body, and what symptoms are produced by it in so acting; we obtain proof, by investigations which I shall afterwards detail in a future lecture, that all medicines have two opposite or reverse actions, in large and small doses respectively; and we then, knowing that one drug acts upon the diseased part, and in a manner closely resembling the disease to be treated, administer this medicine in a small dose. This small dose having the reverse effect of a large one, acts in a curative manner, and silently restores the organ to a healthy state.

Thirdly, we offer you a system of treatment, which is not only *direct*, but by virtue of its directness, acts gently and silently. We find it unnecessary to punish other unoffending organs, such as the bowels, in order to cure a disease in another part. There is thus no perturbative, weakening action in this treatment. It is gentle, silent, and essentially conservative of the patient's strength.

Fourthly, the doses we find it necessary to give are as a rule so small, that the patient has pleasure instead of disgust in taking our medicines. This is a matter of immense importance, in the treatment of children, who look on the homœopathic doctor as their friend and not as their enemy. It is also of great importance in the case of invalids, whose delicate stomachs will not receive or retain large doses of nauseous drugs.

Fifthly, from the directness of the treatment, and our knowledge of the precise action of every drug, we need to give only one medicine at a time, and so avoid those combinations of three, four or five different drugs which are so commonly employed in the old school, and which are thus administered to cover the ignorance on the part of the prescriber, of the real action of each of his drugs. He trusts that the combination will effect what he cannot trust to the care of any one drug.

Sixthly, it is a system of treatment which is most successful. Independently of statistics, which I have no time here to go into, every homœopathic practitioner finds it so. He is as well able to judge of this as the doctors of the old

school, and he is not so foolish as to take up a system of treatment in opposition to the majority in his profession, and which involves a certain amount of professional ostracism, unless he found his results so good as to justify him in doing so.

Seventhly. Homœopathy is a system which is in harmony with the most recent investigations of modern science. Every fresh discovery in physiology, and in experimental therapeutics, even when conducted by our opponents, serves to strengthen our position. This is a point of the greatest moment, and one on which I shall dwell more fully another day.

Lastly. Homœopathy has all along walked in the course which the best men of the old school indicate as the path which they must take, if they are to advance therapeutics to a science. Sir Thomas Watson, some years ago at the foundation of the Clinical Society, gave utterance to views which have been echoed by all the thinking men in the profession who desire the advance of therapeutics. He stated it as his conviction that the first step in advance must be the knowledge of the effects of drugs, not as given in disease, but when administered to the healthy body, which knowledge must be ascertained by experiment. So said Hahnemann, and so he and his followers proceeded to work in forming their *Materia Medica*, which is the result of their investigations.

And it is an argument in favour of homœopathy of the greatest value, that it and it alone can utilise all the symptoms which are produced by drugs given in health. From an allopathic point of view, it is of very little interest, practically, to know that arsenic produces irritation of the stomach, of the eyes and of the bowels, with profuse diarrhœa, while to the homœopath all these facts are of prime import, as they indicate the use of arsenic as a remedy in these very conditions of disease. It is evident, then, that until such experiments or investigations are read in the light of the law of similars, a large amount of valuable labour and of valuable results will be absolute waste. And this is one great reason why so little zeal or interest is shown by allopaths in this very work which they themselves admit is the highway to progress.

From the nature of these investigations, homœopathy has an element of *certainty* which cannot be attained in the old system. The homœopath, if he once knows the precise

effects of a drug upon the healthy body, even though it be a drug which he has never heard of before, or used, can at once tell in what form of disease it will be useful, and proceeds to employ it with perfect confidence of success.

Such a system of therapeutics, it must be evident, has immense advantages both to the patient and to the practitioner.

The patient is cured rapidly, pleasantly, and by a method which is eminently conservative of his strength, while the doctor feels a new interest in his work, and a confidence and satisfaction which he cannot otherwise feel in lawless uncertainty and empiricism.

That the general adoption of homœopathy as the treatment of the future is only a question of time, is pretty evident from the sketch which I have given of the present state of opinion and practice in the old school; and it is to hasten this happy time, and further the knowledge of the truth, that the "School of Homœopathy" has been instituted.

POISONING BY COPPER.

DR. GUY, of King's College, publishes in the *Lancet*, March 3rd, in the following form, certain facts of special interest relating to poisoning by copper which he has lately come across in the course of some recent inquiries on the subject:—

"ACUTE POISONING BY COPPER.

"1. In the second volume of the *Medical Observations and Inquiries, by a Society of Physicians in London*, published 1764, I find a letter from Mr. James Ramsay, surgeon, on 'Copper Vessels,' addressed to George Macaulay, M.D., and read at the Society, October 2nd, 1758. I will give the substance of this communication in as few words as I can.

"On the 2nd Sept., 1757, William Carlisle, aged fourteen, was suddenly seized with convulsions, and fell down on deck insensible. For a quarter of an hour he remained with eyes fixed, face convulsed, and head awry. Under the influence of hartshorn he became a little sensible, and soon after had a slight anodyne, which he immediately threw up with a large quantity of yellow bile. A messmate here recollected that he had seen him at dinner eating peas from the bottom and sides of the large copper kettle. He was

then ordered an emetic, but before it could be given fell asleep. During the night he was frequently convulsed, cried out like a child, talked incoherently, and struggled so that two men could scarce hold him. In the morning he had pains in his bones and head, and nausea. An emetic of ipecacuanha was therefore given him, followed by an anodyne, and in two days he was quite well. Upon inspecting the kettle, a good deal of verdigris was found at the corners of it.

“Six days after this Mr. Ramsay was summoned on board the *Vestal* frigate to consult with two other surgeons ‘about some people that were taken suddenly ill of a very surprising disorder.’ On the 6th September (two days previously) one man was seized in an instant with dulness, stupidity, and headache. He fell down, and struggled so hard that it required six men to hold him; soon became delirious, and behaved in the most extravagant manner. The next day (the 7th) several more were seized, and on the 8th sixteen more. They were all at times outrageous and mad, struggling violently, and snapping with their teeth at those who held them. One fancied himself a captain, and gave orders accordingly; a second called out ‘ground ivy to sell;’ a third, ‘old chairs to mend;’ one spat in your face, and laughed heartily; one was merry, and sang; another surly and ill-natured; another moped in a corner, stupid and insensible. All had lucid intervals, and complained of pains in their bones and of headache. The pulse, during the fit, was full, quick, and strong; but it became soft on a sweat breaking out. Their eyes were inflamed, their looks wild, their speech incoherent, and they slept little. None complained of gripes, and few of nausea. The fits returned after various intervals and more than once, and seem to have been rendered less violent by bleeding. Vomiting did not afford any immediate relief. After the 8th there were no more seizures, and all recovered in three or four days. The ship was large, airy, newly built, and hitherto very healthy. The men were served with fresh meat, and the beer and provisions were good. The seizures chiefly took place after dinner. On inspecting the kettles, ‘nothing remarkable was found in them.’

“Again, under date November 27, Mr. Ramsay witnesses ‘the like malady,’ ‘attended with the same odd symptoms,’ on board the *Adventure*, armed ship. The surgeon found the coppers very foul; but upon remedying that fault,

the disease stopped. About fifteen persons were seized with it.

"Mr. Ramsay attributed these strange symptoms to verdigris; adding, that 'though in the vessel the fault was not so very apparent, yet the disease, stopping all of a sudden, cannot so well be accounted for in any other manner than from a little more caution used by the cooks in cleaning their kettles.'

"I will not at present comment further on this case than to note the extreme violence of the convulsions present, and that in this respect the cases are in harmony with the fact recorded by Percival, that the most violent convulsions he had ever seen occurred in a girl who had swallowed two drachms of sulphate of copper, but recovered; and with what is said of the three men who died of copper poisoning on board the *Cyclops* frigate, in whom there was insensibility and 'the body was violently convulsed.'

"2. I have been indebted to a curious treatise on the adulteration of food, &c., for reference to a work of which I was previously ignorant, and which I do not find quoted in works on Toxicology. I allude to the *Medical Essays* of John Johnstone, M.D., F.R.S., a Fellow of the Royal College of Physicians, and Harveian orator (1819). The work consists of four essays printed at various periods between 1795 and 1805, to which his Harveian oration is added. The first essay is on 'Mineral Poisons,' and gained the Medical Society's Prize Medal offered in 1798. It consists of 168 pages 8vo, and, considering the time at which it was written, is a very creditable production. In the chapter on Copper, after citing the fatal accident on board the *Cyclops* frigate, in which thirty-six men were poisoned by victuals prepared in a foul copper, of which number three died, and three well-known cases by Percival, with two from Neumann's *Chemistry*, in one of which 'severe vomitings, with gripes and convulsions,' arose 'from the application of the *unguentum Egyptiacum* to the mouths of children,' the author goes on to say: 'I have known the same inconvenience arise from the use of a cupreous ointment for the cure of aphthæ, and in one case the life of the child was saved with difficulty; though, from the quantity of ointment applied to the mouth, the portion of copper taken into the stomach must have been very small.' The subject of poisoning by copper, as treated in

the fifth chapter of Johnstone's essay, will well repay perusal.

"3. In one of the works to which I have had occasion to refer, reference is made, through inadvertence, to a certain lamentable occurrence that took place at Salthill in 1773. The writer was evidently under the impression that that was a case of poisoning by copper. As I have more than once come across a reference to this case (and to the best of my recollection it is mentioned by Howard), I referred to the pages of the *Annual Register* for 1773, and there found an authentic account of this lamentable occurrence. It turned out to be not a case of poisoning by copper, but one of the most painfully interesting instances on record of an attack of gaol fever, having for its victims a group of local officials, brought into contact, not with prisoners, but with paupers. All who came into contact with the paupers had the fever, and half the number died, the only one of the body who escaped being a gentleman who was not present when the paupers were seen. This case becomes doubly interesting when we find it confirmed, as it is, by Dr. John Johnstone in the essay in which he justifies his father's claim to the invention and use of muriatic acid gas as a disinfectant. He shows, by more than one instance in point, that the gaol fever which afflicted our prisoners in Howard's day made itself at home also in our work-houses. This fact, so interesting to the student of the health-history of England, is brought into strong relief by the tragedy of Salthill, and the cases which Dr. John Johnstone finds occasion to quote."

REVIEWS.

On the Sources of the Homœopathic Materia Medica. Three Lectures delivered at the London Homœopathic Hospital in January, 1877, by RICHARD HUGHES, L.R.C.P., &c. London: Turner & Co., 77, Fleet Street, E.C.

THESE three lectures form a critical analysis of the authenticity of all those pathogenesies of drugs on which we are wont to rely in prescribing remedies. They constitute a most important piece of work, one which has been evidently done with great care, and upon which a large amount of investigation of a very thorough character has been bestowed. The first examines the materials out of which the *Fragmenta de Viribus* and the

Materia Medica Pura have been formed. The second is a study of the sources of the provings found in the *Chronic Diseases*, and the third of the contributions of Jörg, Hartlaub and Trinks, Stapf, the Austrian provings, Hering, Hale, and Allen. With much judgment and entire fairness, Dr. Hughes also examines the merits of the various translations of Hahnemann's works. The conclusion at which he arrives on this, to us, most important point is, "that we do not really possess Hahnemann's *Materia Medica Pura* and *Chronic Diseases* in the English tongue." Consequently he pleads earnestly for a "new version." Most certainly we ought to have it.

Small as Dr. Hughes' book is—extending only to fifty-five pages—it is in truth a most important and valuable addition to our literature; and deserves the attentive study of all who are in the habit of referring to our various works on *Materia Medica*, affording, as it does, much help in sifting the doubtful statements from the positive facts they contain; imparting confidence to such records as are worthy of it, and pointing out such as deserve to be regarded with some degree of suspicion, or rejected altogether. As an introduction to the study of *Materia Medica*, these lectures will prove very useful to students; while their thoroughly critical character shows that Dr. Hughes is no blind acceptor of all that has been published as *Materia Medica*, that he is not given *jurare in verba magistri*, but that he has carefully and conscientiously studied the subject he has undertaken to teach. If any additional ground of confidence in Dr. Hughes as a fit and proper person to lecture on *Materia Medica* were needed, this book would supply it.

Clinical Index to Dr. Hughes' Manual of Pharmacodynamics.

London Homœopathic Publishing Company. 1877. Pp. 15.

THIS addition to Dr. Hughes's well-known and highly appreciated work on Pharmacodynamics requires simply to be announced. It is a useful, if not an indispensable supplement to his *Pharmacodynamics*.

Clinical Therapeutics. By TEMPLE S. HOYNE, A.M., M.D.,
Professor of *Materia Medica* and *Therapeutics* in Hahnemann
Medical College, Chicago, &c. Vol. 1. Part I. Chicago U.S.
Med. Investigator Office, 1877; pp. 112.

THIS is the first part of a work which promises to be one of considerable interest and utility. The medicines treated of in the part before us are *aconite*, *belladonna*, *bryonia*, *china*, *nux vomica*, and a portion of *phosphorus*. Dr. Hoyne's method is somewhat novel. He points out the chief indications for the use of the medicines under consideration in those forms of disease in which

it has been found useful, and then illustrates each as far as his experience and researches enable him to do by reciting the particulars of cases cured. In this one number no less than two hundred and seventeen cases, collected from the published writings of authors of repute, residing in different parts of the world, are reported. Among so many there are, of course, some from which but little information can be gathered, though on the whole they are suggestive and valuable illustrations of the special curative properties of each drug.

This plan of studying the *Materia Medica* is one which will attract many readers, and is well calculated to supply us all with useful hints.

On the Removal of Foreign Bodies from the Ear. By R. T. COOPER, M.D. Dublin: *Journal of Medical Sciences*, April, 1877.

DR. COOPER, the author of the paper the title of which we have given, has lately been appointed aural surgeon to the London Homœopathic Hospital, and we are sure that he will do every justice to the speciality he has taken up. There is considerable field for a good homœopathic aurist, and we wish Dr. Cooper all success. In the article we have alluded to he describes the mode of action of syringing for the removal of tightly impacted foreign bodies. He also describes an ingenious instrument, combining an ear-speculum and ear-spout, the advantage of which is that the operator can see what he is doing while the water runs down the spout into a tube, which forms also the handle for the instrument. He also has a syringe with a nozzle of special but simple construction, so that the water may more easily get behind the foreign body. An absurd mistake has been made by the printer, whereby a diagram of Dr. Cooper's "Uterine Repositor" is given instead of that of his new syringe-nozzle!

Vade-Mecum, ou Guide des Mères. Par le Docteur HENRI RICHALD, à Mons. Mons: Hector Mauceax, 1876; pp. 205.
Vade-Mecum, or Mother's Guide. By Dr. H. RICHALD, of Mons.

THIS little book is designed to furnish mothers with instructions for the rearing of their young children, and to enable them to recognise the presence of disease and the necessity for seeking professional aid. The directions for treatment are exclusively of the hygienic character. Poultices, fomentations, and injections are the only remedies which Dr. Richald thinks that mothers can safely be entrusted to use. If in our domestic handbooks in England we have gone too far in directing the employment of remedies, Dr. Richald has, we think, been unnecessarily rigid in excluding them. It is true that his "appendix," consisting as it does of a letter from Dr. Bernard, of Mons,

published originally in the *Revue Homœopathique Belge*, contains a few very meagre suggestions for the use of some medicines; but they are so few, and the indications given are so faint, as to be of really little value. We are sure that many an illness, which unchecked might have proved very serious, has been cut short by timely doses of *aconite* or *belladonna*, or *mercury*, given by parents. Hence we think that Dr. Richald's little book would have been rendered more serviceable had he, when treating of each disease, given some hints for the selection of appropriate medicines. The instructions which are given are, however, good, and many a hint will the young mother find in these pages which will assist her in maintaining the health of her children.

MEETINGS OF SOCIETIES.

REPORT OF THE ANNUAL GENERAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Twenty-seventh Annual Meeting was held in the Board Room of the Hospital, Great Ormond Street, on Thursday, the 26th of April, 1877.

The Right Hon. Lord EBURY, President of the Hospital and Chairman of the Board of Management presided.

The Rev. N. BROMLEY (the Chaplain) having opened the Meeting with prayer,

The Secretary (Mr. G. A. CROSS) read the notice convening the Meeting, and the minutes of the previous Meeting, which were duly confirmed.

The Official Manager (Mr. ALAN E. CHAMBERE) then read the Report for the past year. Applause followed the conclusion of the Report.

Lord EBURY then rose and said: Ladies and Gentlemen, the Report having now been duly read, it becomes my duty to move its adoption, and I may say that I am very happy to be able to do so on the present occasion, as it is—I am sure you will all agree with me that it is—a truly excellent and most encouraging Report. (Hear, hear.) With respect to it I wish to say a word or two. We have had, during the past year, a good many troubles of all kinds, but we, happily, have been able to surmount them, and, indeed, I hope we have now got over all the difficulties that have beset the Hospital during the last two or three years. (Hear, hear.) I wish I could say that we had entirely got over these difficulties, but that is not the case. We have to deplore the absence of some friends who have been associated with us in the past history of the Hospital, whom we should be exceedingly glad to see present on this occasion.

(Cheers.) The Committee have done all they can—they have again and again used their best efforts—to induce some of these absent friends to join them in the work of carrying on this important Hospital. (Applause.) I don't mention names, because that is unnecessary, but I should be very glad, please God, if I am able to take the chair next year to see all our now absent friends gathered together, and all actuated by one and the same object. (Renewed applause.) The Report expresses regret that the number of out-patients has diminished during the past year. I confess that I am unable to join in the regret that is expressed. You know we have a mysterious entry in our balance sheet, styled "registration fees," which has puzzled everybody. People always, when they come to that item, want to know what "registration fees" are? The "registration fees" mean this—that out-patients pay 1s., so that they do not get either advice or medicine absolutely *gratis*. I think the more institutions take that moderate form of self support, the better will it be for the persons that come here for advice, and the institutions themselves; institutions acting on this plan take the form of what are called "Provident Dispensaries." We found that we could not afford in every case to provide both advice and medicines for nothing, and that besides many respectable people were quite willing to pay the small "registration fees." It was particularly discussed last year. Some hospitals have 800,000 out-patients in the course of a year, and on a calculation being made it turned out that on an average five seconds could only be devoted on each visit to each patient. Now what benefit the patients could possibly derive from that amount of attention, it is not very difficult to imagine. Therefore it is that I am not sorry to see that the number of out-patients has diminished. There is an item that swells the expenditure of the past year, but which is not likely to recur again, at least for some time. If you have such a hospital as this, it must be properly furnished. I don't think the Governors and Subscribers will think the Committee have gone beyond their duty in what they have done in this respect. (Hear, hear.) I may observe here that the annual subscriptions are greatly increasing, and that I don't think there will be any deficiency to make up in the present year, in which I have the honour of addressing you. (Hear, hear.) But the great event which we have to announce, on the present occasion, is the establishment, in order to repair a most unaccountable and glaring deficiency in the practice of medicine, namely the establishment of an adequate School of Homœopathy. (Loud applause.) I won't go very much into that subject here, because on the 1st of May, we are going to have the first meeting of the new School of Homœopathy, when all matters of interest will doubtless be discussed, but I may just as well say that while

other hospitals teach surgery, and other branches of medical science, there is no hospital that teaches Homœopathy, with Therapeutics and Materia Medica. (Hear, hear.) This School of Homœopathy will not only prove a great advantage to this Hospital, but it will afford the medical faculty of London a thorough opportunity of understanding what is meant by the homœopathic system of medicine. (Applause.) And I beg to tell you, Ladies and Gentlemen, that no sooner was the intention to found a School of Homœopathy made known, and that it should be founded on a solid basis, and by those well known in the profession, than subscriptions in aid of the object came pouring in, and, in some cases, very large amounts indeed. (Hear, hear.) When the meeting on the 1st of May takes place, and I hope to have an opportunity of being present, we shall then know exactly what we have to look forward to. The School of Homœopathy will constitute a most important adjunct to the Hospital. Such, then, being the condition of things in connection with this Hospital, I beg to congratulate all of you, Ladies and Gentlemen, on the Board of Management being enabled to exhibit so satisfactory a report, as that they have to-day laid before you. (Hear, hear.) I perfectly concur in that part of the report which mentions with regret the retirement of Mr. Charles Trueman, the Official Manager, and especially deplore the severe suffering which led to that action on his part. (Hear, hear.) Every word said in the report concerning Mr. Trueman is deserved, and is the heartfelt expression on the matter, of not only myself, but the whole of the Board of Management. (Cheers.) I may say that I almost constantly attend the meetings of the Board, and I can, therefore, testify to the zealous and untiring services rendered by Mr. Trueman in connection with the Bazaar. The event that we all regret, Mr. Trueman's resignation, from the cause I have stated, having occurred, we have to congratulate ourselves that we have been able to obtain as his successor, the services of a gentleman who has already distinguished himself in an important public office. (Cheers.) We have thus the satisfaction of knowing that so long as the health of his successor lasts, he will very efficiently fill up the gap which the illness of Mr. Trueman has unfortunately created. I have now an important duty to perform, and I should not be well satisfied with myself if I passed it over on this occasion. I have already told you Mr. Trueman was for a long time unable to perform his duties in consequence of his long and severe illness, in fact, I think for nearly half a year his attendance here amounted to nothing at all. During all that period, Mr. Trueman's duties were most cheerfully undertaken, and most admirably performed by Mr. Cramporn. (Applause.) His unremunerated services have been most invaluable; what we should

have done without them I do not know. (Hear, hear.) Therefore I shall move that a vote of thanks to Mr. Crampertn be added to the report. Of the admirable manner in which Mr. Trueman performed his duties, we are well acquainted, and, indeed proud. (Cheers.) I shall call upon my old friend, Mr. Rosher, to second the motion.

Mr. J. ROSHER said it afforded him great pleasure to second the motion. All public institutions, as the noble lord in the chair remarked, must expect to encounter troubles; nevertheless, though that Hospital had had its troubles, he thought it had a hopeful future in store. (Hear, hear.) If they and the conductors of the new School of Homœopathy worked together harmoniously as he sincerely hoped, he believed it would give such an impetus to homœopathy as it had never experienced before. (Applause.) He entertained a sincere feeling of regret that they had lost the services of the late Official Manager, Mr. Trueman, but he thought that they might confidently look forward to receive equally good service from his successor, judging by the energy and ability he had already displayed in the performance of his difficult duties. (Applause.) The motion was then adopted.

Dr. DUDGEON rose with pleasure to propose a vote of thanks to the Board of Management, the Officials connected with the Board of Management, and the late Official Manager, Mr. Trueman, who had so well conducted the Hospital during the past year. (Applause.) He considered that a cordial vote of thanks was well deserved by the Board, both collectively and individually, for they had evidently been working like busy bees during the past year, or they could not have succeeded in bringing the Hospital to its present flourishing position. (Hear, hear.) Then, like bees, they knew how to repair the loss of Mr. Trueman's service from illness by providing an Official Manager from out of their own body. (Applause.) They had also heard full details of the medical operations of the year, and must be well satisfied that in that respect the Hospital was excellently administered. (Hear.)

Dr. DYCE BROWN seconded the motion.

Mr. ELLIS said the Committee of Management especially deserved a vote of thanks on the present occasion, because they had passed through a busy and troublesome year. The Officers, too, had well earned a vote of thanks, as a good deal of extra labour had been cast on them, in consequence of the unfortunate and long-continued illness of Mr. Trueman. (Hear, hear.) It was only at the last meeting of the Committee that the resignation of Mr. Trueman had been accepted, and they did so with great regret, because they all knew how much the Hospital was indebted to him. It was true the House Committee met once a week, but it was of great importance in carrying on any business,

and especially that of an hospital, that a competent officer should be on the premises every day, who should be empowered to give necessary orders on the part of the Committee, subject of course to their approval at the subsequent meeting. (Hear, hear.) It was very satisfactory and pleasant to the Committee to have found a gentleman so well adapted to fill the vacant post as Mr. Chambre. (Cheers.) The duties of the Official Manager were so important that he might not inappropriately be styled the Prime Minister of the Hospital. (Hear, hear.) They were greatly indebted to Mr. Cramporn, who had done his utmost for the Hospital, at great loss of time and personal labour, to efficiently discharge the duties which he took in hand during the absence from illness of Mr. Trueman. He had discharged his task so well that he well deserved a special vote of thanks. (Applause.) He congratulated the Hospital on having the valuable services as their Treasurer of Mr. Vaughan Morgan. (Cheers.) It was a source of great satisfaction year after year to learn how well, and indeed how increasingly, the Hospital was carrying out the great principles of homœopathy.

Mr. J. SLATER proposed with pleasure the re-election of the five retiring members of the Committee, for the whole body had very efficiently discharged their duties during the past year. (Hear, hear.) He was sure when the report was read out of doors that it would give the utmost satisfaction.

Dr. CLIFTON (Northampton) said he was one of those who at Bristol rather "pooh-poohed" the Homœopathic Hospital, but he now saw that there was a great deal in it. (Hear, hear.) The Homœopathic Hospital was established for the relief of the sick poor on homœopathic principles, but its beneficial operations were confined very much to the locality in which it was situated. It was, in fact, merely a local medical charity, and therefore they in London could not expect country practitioners, who had their own local hospitals to send their patients to, to be very enthusiastic in supporting a London hospital. They could not canvas for subscriptions from the benevolent for the reasons he had given. The patients in the country declared they could not go so far from home as London for advice. In fact, the medical practitioners in the country could not send patients to that Hospital. But the establishment of the School of Homœopathy, of which he very highly approved, would tend to disseminate throughout the country a knowledge of homœopathy. Some people did not believe in the School as he did, and declared that two years would see the end of it. That certainly would be its most trying period. Only let them labour and persevere as they had done in Continental countries and they would succeed. Perhaps the time might come when medical men who now neglected the Hospital might send it subscriptions in the form of

conscience money. (Laughter.) They were bound to have the support of country medical men ; in fact, the Hospital could not very well go on without them. All honour to such men as Quin, and Cameron, and Hamilton, who had unfortunately different ways of looking at the management of the Hospital ; and, indeed, the Hospital had not yet succeeded in recommending itself to the great body of general homœopathic practitioners. They should appeal to people to send their subscriptions not only to the Homœopathic Hospital, but to the Homœopathic School. If they could persuade the patients that the present race of medical men would be worked out in twenty years, they would subscribe for the education of students ; but the medical men would not subscribe if they could not send their patients to the Hospital. They might, however, do much in the country by lectures, papers, and boxes ; also by the issue of cards such as he had had printed [the speaker here passed several large cards to the table] saying that the Hospital was not merely for London, but for all the country. He hoped the time would come when the ladies, who were ever foremost in good works, would walk the wards of the Homœopathic, as they now did in other hospitals. (Hear, hear.) Not long since the *Standard* and the *Morning Post* contained a notice of private hospitals in Spain, where the patients paid about a guinea a week for their board and medical attendance, a plan he should very much like to see imitated in this country. (Hear, hear.) They had an hospital with 60 beds, and he should be glad to see added to the wards a ward or two for private patients able and willing to pay a reasonable sum for the like purpose. (Hear, hear.)

Lord EBURY said the last speaker, though he did not altogether appear to have approved of the Hospital, had yet given £10 10s. (Hear, hear.)

The Hon. WARREN VERNON said he desired to propose an amendment, and in doing so he wished to disclaim altogether entertaining any personal feeling in the matter. He considered no person better fitted to fill the post of Official Manager than the gentleman who had been selected to fill the post, but he considered it extremely undesirable that the Official Manager should be paid. He objected to the appointment of Mr. Trueman as a paid official of the Hospital, just as he was now objecting to Mr. Chambre being one of its salaried officers. He was glad to be associated with his colleagues in fighting the battle of homœopathy, but he objected to any of them receiving pecuniary reward whatever out of the funds of the Hospital. He was a strong believer in the principles of homœopathy, and gave it his support wherever he went. He was not much in this country, residing a great part of the year at Cannes, where he had happily succeeded in establishing a Homœopathic Hospital, where a number of patient,

were received. (Hear, hear.) The practice of having a paid Official Manager did not prevail in other hospitals, and besides, the holder of the post was virtually judge, jury, and everything else. It was a matter for regret that the Hospital had lost the skill of such eminent medical men as Drs. Quin and Hamilton. For their alienation he fancied somebody must be to blame. Perhaps it was that medical men not belonging to the staff were elected members of the Board. The practice of other hospitals was only to elect to the Board retired medical men. For instance, he should be glad to see Dr. Black elected a member of the Board.

Captain W. VAUGHAN MORGAN seconded the amendment.

Lord EBURY (after consulting the rules) held that he could not, under the rules laid down for the government of the Hospital, put the amendment.

The motion for the adoption of the Report was then put and carried.

Mr. ALAN E. CHAMBERE begged, in the first place, to thank Lord Ebury for the kind and handsome way in which he had alluded to him in connection with the appointment he had been selected to fill. Having been ill for some months he felt called upon to retire from the Government Department in which he had filled various appointments for a period of thirty years, during which time he had endeavoured to serve Her Majesty very faithfully and zealously. He had always felt the warmest interest in homœopathy—indeed, he might say that he was as enthusiastic an exponent of homœopathy in society as if he had been a medical man with many patients—and not wishing to lapse into idleness or sedentary habits—not having yet sunk “into the sere, the yellow leaf”—he was desirous of filling some post in which his experience and business habits might be of service. He knew he ran the risk of being compared with the gentleman whom he followed. Mrs. Gamp—or some other equally well-educated lady—had said “Comparidgons were odorous,” but he assured them that so long as health and strength remained with him no effort on his part should be wanting to do his duty to the Hospital—not only faithfully and zealously, but with the view to produce more satisfactory results—so far as his efforts could go. He hoped to show in the future by attaining even more satisfactory results than those laid before them to-day—that some of the kind things said about him were not out of place, and that he was not a very much overrated man. (Applause.)

Dr. POPE next proposed that the election of Dr. Galley Blackley to the internal medical staff be confirmed. He might say that Dr Blackley would co-operate with the School of Homœopathy and give clinical lectures in the wards; while as

Curator of the Museum he would render help of an important character.

Mr. V. MORGAN seconded the motion, and it was unanimously adopted.

Mr. BOODLE proposed that the name of Dr. Dyce Brown be added to the medical staff. The House Committee considered that he would be a desirable addition thereto.

Mr. HUGHES seconded the motion, which was carried.

On the motion of Dr. YELDHAM, seconded by Mr. HUMPHREY, Mr. Henry Thorold Wood was elected a member of the internal staff of the Hospital.

Mr. PRYCE said he rose to propose a motion, which might be appropriately styled, "The toast of the evening"—thanks to the Medical Staff and to the Lady Visitors, without whom the Hospital would be nowhere. (Applause.) The ladies needed no compliments from him, but they all owed them a debt of gratitude for their kindness in visiting the wards of the Hospital. (Hear, hear.) During the past year the Medical Staff had rendered excellent service to the sick who had come to the Hospital for help. (Hear, hear.) He was sure that no one felt more with respect to the absence of some old friends than the noble President in the chair; but these friends had, he hoped, only withdrawn for a little while, and would soon rejoin them and labour with all the rest for the welfare of the poor. (Applause.) It might be that the step they had taken to-day—the consideration of altering some of the laws of the Hospital—would set all matters at rest, but at any rate the great progress made by the Hospital during the past year must be a theme of congratulation to them all. (Cheers.) If their absent friends came to the School of Homœopathy, as he was sure they would, they could hardly fail to come back to the Hospital as well. (Applause.)

Mr. CRAMPERN, in seconding the motion, bore testimony to the attention and skill of the medical staff. He spoke also of the high estimation in which the Lady Visitors were held in the Hospital. The motion was unanimously adopted.

Dr. DYCE BROWN returned thanks in the name of the staff, and assured them that as long as they were connected with the Hospital their best services would be devoted to its work. (Cheers.)

Dr. YELDHAM lastly proposed a cordial vote of thanks to the noble lord who had presided over them that day. He assured the noble President that his services were thoroughly appreciated by all the members of the institution and its officers.

The Rev. Mr. BROMLEY had great pleasure in seconding the motion.

The motion was carried unanimously.

The noble CHAIRMAN, in returning thanks, said they were all impelled by their convictions, and especially for the benefit of their poorer fellow-creatures. His services were always at their service, so long as his health and strength enabled him to do so. (Applause.)

The meeting then separated.

THE LONDON SCHOOL OF HOMŒOPATHY.

THIS Institution was formally opened on Tuesday, the 1st ultimo, when an address was delivered by Dr. GIBBS BLAKE, of Birmingham. The Board Room of the Hospital was completely filled with a most attentive auditory, including a considerable number of non-homœopathic practitioners, and of students from the different London hospitals, together with several gentlemen unconnected with the medical profession, besides homœopathic practitioners. Among those present were Lord Borthwick (in the chair), Mr. Samuel Gurney, Captain Vaughan-Morgan, Mr. Boodle, Mr. Ellis, F.R.S., Mr. Crampert, Mr. Hughes, Mr. Williams, Mr. Rosher, Dr. Yeldham, Dr. Bayes, Dr. Pope, Dr. Dudgeon, Dr. Drysdale (Liverpool), Dr. Kidd, Dr. Black, Dr. Hale, Dr. Drury, Dr. Mackechnie, Dr. Dyce Brown, Dr. Wyld, Dr. Clifton (Northampton), Dr. Clifton (Leicester), Dr. Bradshaw (Nottingham), Dr. Massy (Brighton), Dr. Collins (Leamington), Mr. H. Harris, Dr. Carfrae, Dr. Galley Blackley, Dr. Hughes (Brighton), Mr. Tate (Blackheath), Dr. Gutteridge, Mr. Kyngdon (Croydon) Dr. Cooper, Dr. Fleury, Dr. Reed, Dr. Ransford, Dr. Ironside, Dr. Roche (Ipswich), Dr. Stanley Wilde, Dr. Nevill Wood, Mr. Thorold Wood Dr. Edward Blake (Reigate), Dr. Hewan, Dr. Matheson, Mr. Alan Chambre, Mr. Joseph Blake (Sheffield), Mr. S. H. Blake (Wolverhampton), and others.

Dr. BLAKE said that although they had met there that day for the purpose of opening a School for the teaching of those departments of the science and art of medicine which were affected by the discovery of the homœopathic law, he should endeavour in his remarks to abandon all sectarian bias and party feeling, and to view the subject to be considered from an unprejudiced scientific standpoint. Hahnemann had shown that there were only three ways in which drugs could affect disease—first, the allopathic method, in which there was no pathological connection between the drug and the disease; second, the antipathic, or by the rule *contraria contrariis opponenda*; and third, the homœopathic method, by the rule of *similia similibus curantur*. The definition of the last-named system was thus given by Hahnemann: "To effect a mild, rapid, certain, and permanent

cure, choose in every case of disease a medicine which can itself produce an affection similar to that sought to be cured." In order to carry out this plan of treatment he insisted upon the necessity of observing the effects of drugs upon the healthy human body, that the totality of symptoms and physical signs were, as far as the drug treatment was concerned, equivalent to the disease; that the individual must be treated, and not an imaginary *materies morbi*; that the dose of the drug must be small enough not to produce physiological action or aggravation of symptoms; and also that one single medicine must be given at a time. Dr. Blake then at some length examined and discussed these propositions, and showed that, while there were certain exceptions and limitations to the general law as laid down by Hahnemann, the exceptions were so few that when the other conditions were properly observed they would not prevent the use of the law in practice. The last proposition, "that one single medicine must be given at a time," seemed (he said) to the non-medical mind almost a truism; but for generations the admixture of medicines has been so habitual that the power of tradition was still great in the minds of the bulk of the profession, although pharmacological research had shown that medicines antidoted each other sometimes completely and sometimes partially, and to this practice of admixtures might be ascribed the slow advance in therapeutics. Even now ten different drugs might be frequently found in one prescription intended for one patient suffering from one disease, and could they wonder that the results of treatment were vague whilst this relic of the pharmacy of the middle ages still existed. He did not himself agree with all that Hahnemann wrote, as the psora doctrine and the dynamisation theory were, in his opinion, quite untenable in the form presented; but even if those theories were entirely false, they did not affect the truth of the general propositions upon which scientific homœopathy was based. At the Hospital pharmacology and therapeutics were the subjects which were to be taught in systematic courses as well as at the bedside, but there would be no attempt at the complete course of medical instruction which could be obtained elsewhere, the main object of the School being to teach thoroughly the principles of homœopathy. The results which were expected to follow this movement were an increase in the number of practitioners (the present demand for duly qualified homœopathic doctors being greater than the supply), and also the promotion of further research and experimental investigation, which could not fail to result in a general advance of medical knowledge. Dr. Blake expressed himself as adverse to experiments made with drugs only on the bodies of animals, as he considered them of far less value than those conducted scientifically on the healthy

human body, since these last include the subjective as well as the objective symptoms induced. He thus summarised his argument on this point:—"Now, there are other lines of investigation which are suggested by the propositions that have been given above in the definition of the word homœopathic. 1. The experiments should be made on the healthy human body. 2. The subjective symptoms should be recorded. 3. The experiments should be unbiassed by any maxim. 4. For the explanation of the maxim *similia similibus curantur*, experiments are required." He then proceeded to give illustrations of the homœopathic action of drugs, and concluded a very interesting lecture with these words of Whewell (*History of Inductive Sciences*):—"A certain succession of time and of persons is generally necessary to familiarise men with one thought before they can advance to that which is next in order"—using this sentence to point to one reason why the progress towards the acknowledgment of the law of similars, and its outcome in the small dose, has been so slow hitherto. We understand that sixteen students of medicine have already entered their names as members of the extra-academical classes of the London School of Homœopathy.

THE HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

A MEETING of the Association was held at 91, Great Russell Street, on Thursday, the 24th ult., when an Address was delivered by the President, Mr. POTTAGE, of Edinburgh. The importance of homœopathy, its essential difference from any other method of treatment, the consequent difficulty of anything like union between homœopaths and allopaths; the appropriation, without acknowledgment, on the part of the latter, of remedies introduced by the former, and the question of the dose, formed the chief topics of the earlier portion of his discourse. Mr. POTTAGE concluded as follows:—

"Our business has been conducted in perfect harmony, with the exception, perhaps, of a difference of opinion that speedily disappeared. We have had the average number of additions to our ranks—the average number of written prelections illustrative either of principles or topics in which we all felt deeply interested,—we have had our wonted number of discussions upon what seemed matters of professional interest to some or all. You are aware that subjects have been submitted for examination which have been so delicate in their incidence, though large in their effects, that I should go very far wrong to anticipate by an expression of personal opinion the results that may afterwards be reached. Upon one of these topics a brother in office is, I believe, to address

you to night, and I have no doubt he will handle it with the incisive energy he brings to bear upon all his investigations. I will only add, in congratulating you upon the attainment of a new year in our Society's life, that if the quality of our discourses and discussions be as good and as useful in the year on which we have entered as they have been during the past, we shall have no cause to regret our professional union, but rather to rejoice, that we can thus cheer each other along the journey of life, and leave so few disagreeable recollections behind.

Papers were subsequently read by Mr. CHEVERTON on "*Chemists Prescribing*;" and by Mr. J. C. THOMPSON on "*The Preparation of Phosphorus*."

BIRMINGHAM MIDLAND INSTITUTE.

ON Thursday, the 24th ult., a lecture on "*The Place of the Law of Similars in the Practice of Medicine*," was delivered by Dr. GIBBS BLAKE, of that town, in the Secretary's Room at the Midland Institute. About sixty gentlemen were present, one-half of whom were members of the medical profession, six of the latter being homœopathic practitioners. Dr. BLAKE was very cordially received, and warmly thanked for his lecture. A hope was expressed by several gentlemen present that homœopathic practitioners would ere long meet with more liberal treatment from their non-homœopathic brethren than they had done hitherto.

NOTABILIA.

SALICYLATE OF SODA AND MENIÈRE'S DISEASE.

WE are glad to notice from time to time unmistakeable evidences of the tendency of the advanced section of the old school to look to homœopathy as the medicine of the future, and to the investigation of the pure pathogenetic effects of drugs on the healthy body, as the basis of scientific therapeutics. The most recent illustration of this tendency is a very interesting and instructive one, as giving us a most valuable proving of a new medicine—a proving which we shall turn to good account when occasion offers. This comes from the pen of Dr. Gowers, Assistant-Physician to University College Hospital, and a colleague, therefore, of Dr. Ringer, whose "peculiar" teaching is now pretty well-known. In several numbers of the *British Medical Journal*, ending with that of April 21st, we have an able and exhaustive series of clinical papers on the "Diagnosis and treatment of Auditory Nerve Vertigo," otherwise known as Menière's Disease, from the name of the physician who first

drew attention to the malady, as a separate disease. When Dr. Gowers comes to the treatment of this affection, he precedes its consideration by the following paragraph on the "Production of Auditory Nerve Vertigo."

"Before speaking of the treatment of this affection, it is worth remark that auditory nerve vertigo can be produced artificially. Quinine produces a sense of confusion with tinnitus; but very definite symptoms may be caused by *salicylate of soda*. This was shown very strikingly in the case of a patient lately under treatment for acute rheumatism in University College Hospital (under the care of Sir William Jenner.) The patient was a woman, aged forty, whose hearing was supposed to be impaired. She was not subject to giddiness. It was her first attack of acute rheumatism, and there was no cardiac affection. On January 26th *salicylate of soda* was commenced in doses of twenty-five grains every three hours. On the 28th she complained of noises in the ears, deafness, and giddiness, which the next day had increased so much that the *salicylate* was omitted. The following day the giddiness was much less, and on the 31st had almost gone. On February 6th the same dose was resumed; on the 7th the same symptoms were complained of. The noises in the ears were constant; a watch was heard only at two inches distant from each ear, and was not heard at all on either side when in firm contact with either the zygoma or mastoid process. A tuning-fork on the vertex was heard fairly well, but the sound was not increased by closing the ears. The giddiness was slight and indeterminate as long as she lay still; but was very considerable and definite when she raised her head or sat up. Objects before her all seemed moving to the right. On the 8th these symptoms continued, and the *salicylate* was discontinued. On the 10th the giddiness was gone, and she could hear the watch at a distance of six inches from each ear, and could hear it, although faintly, in contact with the zygoma or mastoid process, but not when in contact with the parietal eminence. On the 23rd the *salicylate* was resumed, and eighteen hours after its resumption, deafness and giddiness had returned; which again ceased a day or two after the discontinuance of the drug. When the patient was convalescent, a careful examination of the state of hearing revealed very little abnormality, the only difference being that the watch in contact with the skull was not quite so distinct on the right side as on the left. In another case I have seen similar symptoms of deafness and definite vertigo produced by *salicylic acid*."

Then, after some remarks on the occasional connection of gout and syphilis with this disease, he adds:—

"It has been remarked that certain drugs have a marked influence on the organ or nerve of hearing. The effect of

quinins induced Charcot to employ it in full doses, in a case of auditory nerve vertigo, with some beneficial result. I have tried it, but have not found any marked effect was produced on the vertigo. The influence of *salicylate of soda* upon the equilibrium, which I have described, suggested its use in this disease. Equilibrium is maintained by the balance of opposing impressions; its overthrow is the result of the loss of that balance. In our ignorance of the way in which the *salicylate* produces the disturbance, it is conceivable that it may, in some cases, have such an influence as to counteract the morbid action, and lessen the disturbance of equilibrium. This it has seemed to do in one or two cases in which I have tried it. It does not remove the giddiness, but in some cases lessens its intensity. It has been given in doses of from five to ten grains three times a day. The patient, with gastric ulcer, whose case has been narrated above, thought that she was better while taking the *salicylate* than when taking any other medicine. Its effect, unfortunately, seems after a time to become less."

Now, except on the homœopathic principle of similars, what should induce Dr. Gowers to use, in the treatment of this disease, a remedy which he had found to produce all the symptoms, objective and subjective, of the disease? For it will be observed that in the proving, the usual physical tests were employed, and were found to correspond precisely in the drug disease and in the real malady. His theoretical remarks on the loss of "equilibrium," and the "balance of opposing impressions," are very vague, and why should he suppose—unless on the principle of similars—that a drug which could so overturn the balance in a healthy person as he had shown that *salicylate of soda* could do, would be likely to restore it after it has been lost? Dr. Gowers' results are instructive in regards to the dose question. Twenty-five grains every three hours, produced, in two days, the drug disease in a healthy woman—healthy at least as regards her ears, while the dose Dr. Gowers gave to cure the disease was only from one-fifth to about one-third less than the disease *producing* dose, given three times a day, instead of every three hours. Dr. Gowers, it is to be observed, obtained even with this comparatively large dose, definite improvement, while it is no wonder that he should find that "its effect, unfortunately, seems after a time to become less." The therapeutic dose was evidently much too large, and we would suggest to Dr. Gowers that in future experiments he should give a much smaller dose, say one grain or a half grain three times a day, and report the results. Meanwhile let us make a note of this interesting and important proving of *salicylate of soda*, and prescribe it in one of the decimal dilutions in the first case of Menière's disease that presents itself to us for treatment.

CHELIDONIUM MAJUS.

EXPERIMENTS have recently been made* with a view to determine the amount of alkaloid existing in this plant at various periods between the months of May and September. It contains two alkaloids, viz.: *chelidonine* and *chelerythrins (sanguinarine)*. These were estimated every few days during the period specified, and the result tabulated. The general results show a diminution in the total amount of alkaloid before flowering, and a marked increase after a few days. The young plant collected in autumn shows a regular increase of alkaloid. "This may be explained by assuming the alkaloids to be the immediate precursors of the albumin and that they are gradually transformed into albuminous substances. The weather is an important factor in the amount of alkaloids. In rainy weather the consumption is greater than the production, and the per centage is decreased; while in fine sunny weather consumption and production are nearly in equilibrium, the production having a slight advantage. These changes are more noticeable in the root than in the leaf. A good soil influences the formation of alkaloids, for plants grown in a garden were found to contain double the amount of alkaloids found in wild plants." The quantity of alkaloid varied from 0.27 to 1.09 per cent., the average being about 0.6 per cent.

These results have an important bearing upon the collection of the plant for the preparation of our tincture, which will vary in strength according to the time of gathering. The Pharmacopœia fixes this at the commencement of flowering; but it follows from what has been shown that a later period, in fact the months of August and September, would be more suitable for the process.

IS COMMON SENSE RETURNING ?

WE all know with what stupid persistency the allopathic medical journals have refused insertion to advertisements and announcements regarding the London School of Homœopathy. We remember how the *Practitioner* was worried into abandoning its determination to give this small modicum of fair play to homœopathy. The result has been that the advertisements rejected by the medical, have been received and circulated a thousand times more freely by the daily press. Excluded from professional journals, the Secretary of the School had to choose between submission to obscurity for the Institution or a resort for publicity to the ordinary newspapers. He very wisely and properly chose the latter course. The advantage to the School has, we doubt not, been great. Once, however,

* *The Alkaloids of Celandine (Chelidonium Majus)*. By E. MASING, Arch. Pharm. [3], viii., 224—228.

the *Lancet* and *Medical Times and Gazette* received and published the advertisements. Upon this apparent change of front, the *Medical Press and Circular*—which, however open to criticism may have been its tactics towards homœopathy in other respects, has for long differed from its contemporaries so far as to publish such advertisements as those we refer to—in its issue of the 16th ult. notices the apparent return of common sense to the *Lancet* and *Medical Times and Gazette* in the following paragraph:—

“THE HOMŒOPATHS AND THE ALLOPATHIC JOURNALS.

“We are somewhat concerned to understand the policy of the medical journals in respect to homœopathic advertisements, the inconsistency of the *Lancet* and *Medical Times* being remarkable in the extreme. Some two or three years since the editors of the *Medical Times*, not content with refusing insertion to their columns of these terrible announcements, actually went out on their way to write condemnatory paragraphs, and took upon themselves the task of lecturing other medical journals on the heinousness of the offence in polluting their columns with the advertisements of the Homœopathic Hospital. The *Lancet* was so terrified that it soon after followed suit, and declined, on the representation of numerous readers, to insert any further announcements. A few months since the editor of the *Lancet* espied in the columns of the *Practitioner* similar objectionable advertisements, and considered it almost sufficient to make the remains of poor Dr. Anstie rise in the grave. The thunder so frightened our esteemed friend Dr. Brunton, the editor, that he, in turn, announced that he would be unable henceforth to insert any more homœopathic advertisements in the *Practitioner*. The homœopaths, not unnaturally, complained in their own organs of this species of persecution.

“We are not a little surprised at the sudden change of views in our contemporaries, for in the last numbers of the *Lancet* and *Med. Times* are inserted those very advertisements, about which the editors but a short time previously put themselves into such a flutter of indignation, and which they solemnly vowed never to insert in their columns again! We are tempted to ask if the proprietors of the Homœopathic Hospital have agreed to pay double scale for their announcements in future?”

It turns out after all that there has been no “sudden change of views;” no “return of common sense”—but by some mistake the advertisements did appear one week. The letters on this matter will be found in another part of the *Review*. The *Lancet* and *Medical Times* will find a yet lower depth of folly and stupidity ere any return of common sense can be looked for in them.

A PROSECUTION UNDER THE APOTHECARIES' ACT.

MR. THOMAS HOWARD, of Accrington, who keeps a shop in that town for the sale of homœopathic medicines, and styles himself "Homœopathist," has recently been prosecuted by the Society of Apothecaries, for acting as an apothecary without the license of the Company. A verdict was obtained against him, and a fine of £20 was imposed. It is not a little singular that the medicines, the prescribing and dispensing of which for individual ailments constituted Mr. Howard's offence, are substances which the Society does not recognise as medicines. The medical men, at whose instance the prosecution was undertaken, invariably ridicule the idea that Mr. Howard's powders and globules are in any sense medicinal. Yet when it suits their purpose, when they desire to extinguish a too successful rival, they do esteem these preparations as medicinal. Another singular feature of the affair is, that with we believe one exception, all the medical men of Accrington are as liable to the penalties enforced by the Apothecaries' Act, for practising as an apothecary without the Society's license, as is their victim Mr. Howard. Only one practitioner in the town is a licentiate of Apothecaries' Hall; at least such appears to be the case according to Churchill's Directory, 1876.

While we cannot sympathise with the practice of medicine being undertaken by unqualified persons, we do think that the Apothecaries' Society might, with more credit to themselves, fly at higher game than a man who makes no pretensions to being a medical man, nor even a chemist, and who employs as medicines substances which they declare to be nothing of the kind. Mr. Howard has been too successful, and the Accrington doctors have had their revenge.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

At the Seventeenth Annual Commencement of this college, held in March last, the degree of M.D. was conferred upon fifty-three gentlemen, who had satisfied the requirements of the examiners. Subsequently the honorary degree of Doctor of Medicine was conferred upon Mr. Clifton, of Northampton, Dr. Hughes, of Brighton, Dr. Hayward, and Dr. Skinner, of Liverpool. These four gentlemen, it will be remembered, attended the Convention held last year at Philadelphia. We congratulate our countrymen on this gratifying recognition of the good service they have rendered to homœopathy, and in so doing to medicine.

HOMŒOPATHY IN MELBOURNE.

WE are pleased to learn by the following extract from the last issued report of the Melbourne Dispensary, that a Homœopathic Hospital is now in operation in Melbourne. The report says:—

“The necessity of having a Homœopathic Hospital for the effectual treatment of in-door patients has engaged the earnest attention of your committee, and, with a view to supplying that want in the most approved and at the same time economical style, steps were taken to obtain suitable designs.

“The limited funds at the disposal of your committee, however, did not warrant them in adopting those first recommended by the sub-committee, to whom the matter had been referred.

“It was, therefore, resolved that one cottage hospital, providing limited accommodation, would have to suffice until funds were raised for the erection of others. Fresh plans have accordingly been submitted by Messrs. Crouch and Wilson, architects, and are now under the consideration of your committee.

“A cottage hospital, however moderate may be the cost of its construction, will necessarily require for its efficient maintenance a largely increased revenue, and it is therefore trusted that not only homœopaths, but all who are favourably disposed to the system, and who desire that its merits should be put to the test of hospital practice in this colony, will, as they are able, cheerfully contribute to its support.*

“If this be done, and the Government grant made in any degree proportionate to the private subscriptions, your committee will have no difficulty in carrying on the hospital satisfactorily.”

BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Ordinary Meeting of this Society will take place on Thursday, the 7th of June, 1877.

A Paper will be read by Dr. Roth, of London, entitled, “*Contributions to the Treatment of Chronic Facial Paralysis.*”

It has been arranged that the Annual Assembly of the Society shall be held on Wednesday, the 27th, and Thursday, the 28th of June.

* “Suitable premises have been taken, situated in Spring Street, nearly opposite the Treasury, east of Collins Street, formerly known as the Children’s Hospital, on a lease for five years, at a rental of £200 per annum. Here there is ample scope for the initiating of and carrying out hospital treatment. Your committee, therefore, feel gratified in being able to inform the subscribers to the institution and the friends of homœopathy generally, that the Melbourne Homœopathic Hospital is now an accomplished fact.”

A Paper is promised for the Meeting on Wednesday 27th, by Dr. Ransford, of Sydenham, entitled, "*A case of Abscess in the Orbit, communicating with the Lachrymal Sac; a Sequela of Scarlatina, with Observations upon the reported duration of the Action of Remedies.*"

At the Meeting on Thursday the 28th, an Address will be delivered by the Vice-President, Dr. Wyld.

It is hoped that at the Ordinary Meeting in June, arrangements may be made for the Annual Supper.

THE LONDON SCHOOL OF HOMŒOPATHY.

Subscriptions and Donations already acknowledged,
£3,371 8s. 0d.

New Medical Governors in addition to those announced last month.

*F. H. Bodman, M.D. .. £1 1 0	*A. E. Hawkes, Esq... .. £1 1 0
W. Clare, Esq. 5 0 0	*R. S. Wallis, Esq. 1 1 0
*A. Guinness, M.D. 1 1 0	*W. Bryce, M.D... .. 5 0 0

New Subscriptions and Donations.

Mrs. Arthur £1 0 0	Mrs. Stoddart £5 0 0
The Dowager Lady Buxton 5 0 0	Mrs. Tinker 1 1 0
*J. H. Carne, Esq. 1 1 0	*P. Urlwin, Esq... .. 10 10 0
*Miss Ede 1 1 0	Thank Offering, per Dr.
J. N. Moore, Esq. 10 0 0	Hughes 5 5 0
*Mrs J. N. Moore 3 3 0	Thank Offering per Dr. Hughes
Deaconess H. A. Pearson 4 0 0	in connection with Hospital 3 3 0
* Do. do. 1 1 0	J. Wilson, Esq. 10 0 0

* Indicates annual subscriptions.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending May 16th, gives the following statistics :—

Remaining in Hospital April 18th, 1877	55
Admitted between that date and May 16th.....	40
	—
	95
Discharged between April 18th and May 16th ...	41
	—
Remaining in Hospital, May 16th, 1877	54
	—
The number of New Out-Patients during the above time has been	490
The total number of Out-Patients' attendances for the same period has been	1398

OBITUARY.

J. T. TEMPLE, M.D. AND W. E. PAYNE, M.D.

THE names of Drs. TEMPLE and WILLIAM PAYNE are indissolubly connected with the progress of homœopathy in the United States. Some account of the life of the former appears in our February number (p. 126). He has practised homœopathically with much success for forty-five years; and it was mainly through his influence that a charter was obtained from the Homœopathic Medical College of Missouri. Dr. Temple was well-known over the Western States, where his private character, professional abilities, and earnest endeavours to promote homœopathy were thoroughly appreciated. He died about two months since in the seventy-third year of his age.

Respecting Dr. W. E. PAYNE, *The United States Medical Investigator* (April 15) writes as follows:—

“Dr. Payne was born in the town of Unity, Me., Nov. 25, 1815, and died on the 9th of the present month, aged sixty-one years three and one-half months. His early education was sufficiently liberal to admit of his admission into the medical department of Bowdoin College, in which he held the post of Demonstrator of Anatomy during the years of 1837 and 1838, and for which he received honourable testimonials. He commenced the practice of his profession soon after, in the city of Bath, Me., and gradually rose to distinction in his chosen profession.

“In 1840, a copy of Hahnemann’s *Organon* came into his hands, which he read and re-read with increasing interest, until he was induced to make a practical test in the sick room, of the principles set forth therein. His first trial was in a case of pneumonia, so desperate in its character as seemingly to defy all treatment. The prompt response to the remedy which he affiliated on the homœopathic principle, and the rapid recovery of his patient, inspired him with courage to make further experiments, which were crowned with equal success.

“He then compared the results with his former experience and was led to embrace the doctrines of Hahnemann. He was the first resident physician of the state who became a convert to homœopathy, and among the first in the New England states. His skill and intelligence soon made him widely known and secured for him a national reputation. Cicero was not more rejoiced when he discovered the tomb of Archimedes, than was Dr. Payne when he saw the mists of allopathy totally eclipsed by the radiant light of *similia similibus*. For many years he enjoyed the reputation of being a representative man in our national society. His writings have been a valuable addition to our

literature. He was present at and became a member of the American Institute of Homœopathy, at its first session in 1844. Since then he was once honoured by being elected president of this body, and for some time he held the office of corresponding secretary. The profession is indebted to Dr. Payne for his indefatigable labours as a member of the Bureau of Materia Medica, and for his introduction into our materia medica of the *lilium tigrinum* and other remedies.

"He was one of the editors of the *North American Journal of Homœopathy* for a period of seven years, and was honoured by being selected to deliver the oration at the celebration of the centennial birthday of Hahnemann, April 10th, 1855. He was invited to professorships in different colleges, which he was obliged to decline.

"He made two trips to Europe, and visited the principal cities and hospitals in Great Britain, France, Germany, Italy and Switzerland. He held several civil offices: he was a member and President of the Board of Aldermen of the city of Bath; was appointed by the state, Physician of the Soldiers' Orphans' Home, and for several successive years was city physician.

"Dr. Payne was an honourable, honest and upright man, social and genial, a true friend, and an exemplary Christian gentleman. He has been long and favourably known as a member of the New Church (Swedenborgian). He was married in 1848 to Mrs. B. A. Hatch, who is now living, and by whom he had ten children—the eldest of whom is the present Dr. Frederick W. Payne, of Boston."

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

GENTLEMEN,—As I shall not be able to be present either at the annual assembly of the British Homœopathic Society, or at the Homœopathic Congress at Liverpool, I should be glad if you would give me an opportunity of expressing my judgment on the proposed omission of the word "homœopathy" from the title of the new School of Medicine.

As I have not taken any part in the proceedings introductory to its establishment, I may, perhaps, be in a position to form a more dispassionate judgment on the matter. I regret to be compelled to differ from the four respected signatories to the preamble and letters which have been published on the subject. The abandonment of the word in naming the new School characteristic of the doctrines to be taught therein, would, I feel per-

suaded, have an injurious effect on the cause of medical progress, whether viewed in its aspect towards the profession, the public, or ourselves.

The effect on the members of the old school would be to lead them to suppose either that we were attempting a *ruse* to deceive and allure them, or that we were ourselves abandoning our ground. The latter, no doubt, would be the impression made on the minds of the greater part of the intelligent public. And not unnaturally so. The word homœopathy is the badge inscribed upon the banner under which we have long been ranged. It is an integral part of the title of our hospital—our dispensaries—our journals—and where would be the consistency of abandoning it in one case, and retaining it in the rest? It is, however, more than a badge, it is the expression of a principle—and of a principle which does or ought to guide our practice. I feel certain that its abandonment (and if we begin we cannot stop) would not only have an injurious effect upon the allopathic profession and the public, but upon ourselves as well—tending to a loose or eclectic mode of practice. Although unable entirely to dispense with the employment of “auxiliaries,” yet it has been justly observed that we ought in every case in which we make use of them, to account to ourselves for the necessity or seeming necessity of deviating from strictly homœopathic practice. But if the name were abstracted, it would be certain to lead in some cases to a losing sight of the principle.

The recent disingenuous attitude of the leading men of the old school, appears to me an additional reason for the unflinching maintenance of our ground. Until the last ten or fifteen years, there was no proof that most of them were not as sincere in their opposition to homœopathy, as those of our own number who once denounced but have now embraced it. But, however anxious to do so, we can no longer give the more advanced men of the old school the credit of this supposition. The unacknowledged appropriation of our remedies, whilst the source from whence they have been knowingly derived is still denounced as worthless and polluted, is a line of conduct to which it would be difficult to find a parallel in the history of any trade or guild, much less “liberal profession,” and which it would be hard to employ terms too strong, fully to characterise. What would be thought of the morality of a gardener who decried the process employed by a neighbour in rearing his fruit, as rendering it poisonous, and yet, having surreptitiously obtained the recipe, sold fruit, obtained by the same process, as excellent, all the while continuing to circulate the same libel on his neighbour? Referring to Dr. Hayle's apt illustration, are we to help those who have filched our plate to erase our own crests?

Moreover, if we abandon the use of the word so long inscribed

upon our banner, we ought to be prepared to acknowledge our error in having ever made use of it.

As to the expediency of the proposed measure, it would, it appears to me, be as vain to seek to propitiate our antagonists by the abandonment of the *name*, whilst we retained our allegiance to the *principle*, as was the attempt of the Protestant Irish Jacobites, in the reign of William III., to appease their enemies by their loyalty to King James, so long as they retained their Protestantism.

I feel assured that there will be no voluntary recognition of our lectures on the part of the authorities of the old school, and that the only way to get them recognised will be to awaken the interest of Parliament in the matter, and to induce it to bring legislation to bear upon it, as was done when there was an attempt to make the Medical Act a means of oppression to homœopathic doctors.

I am, Gentlemen,

Yours truly,

J. HARMAR SMITH.

Margate,

May 17th, 1877.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—It is dangerous to enter into an arena of combatants, but in this I wear the Red Cross of Peace, and take my chance.

Few, I think, can do otherwise than agree with the spirit of the letter and preamble, addressed to us by Drs. Black, Drysdale, Dudgeon, and Ker, the aim of which is, *first*, to seek speedy recognition by the ruling powers of the School of Homœopathy—or whatever else you choose to call it; and *secondarily*, to object to the advertising proceedings of its promoters, as likely to retard, if not bar the desired recognition.

Now the first element is wanting; therefore, in the present state of things, recognition is impossible (I put aside as valueless social conversations with stray members of senates).

Nemo tenetur ad impossibile—therefore I declined entering into the quadrilateral formed by Drs. Black, Dudgeon, Drysdale, and Ker, though at the meeting, when the name of the School was slightly discussed, I objected to that of "Homœopathy," as one of little meaning, and proposed that it should be termed "The Ormond Hospital School for the theoretical and practical teaching of that branch of Therapeutics—the Homœopathic use of remedies;" one of the most valuable contributions to medical art that ever emanated from German genius, but not the only one. The meeting did not seem to think the point of moment; there had never been a School worthy of the name in England,

and the great point is to establish one, where learners can learn the new mode of thought and manner of finding out and applying specifics.

The chiefest of all points is to establish a School in the brave light of open day, one yearning to tell all it knows to all who come, and no one can deny that Drs. Hughes and Dyce Brown, Drs. Blackley and Jones are proper men, with talent and energy and plenty of working power in them, who will do their best in the difficult art of imparting knowledge in an acceptable way, and in raising the School to prominence and honour.

As to the advertising, so bitterly complained of in Dr. Quin's letter, every metropolitan and provincial School of Medicine advertises its classes, and the names of its teachers, every season; in the whirl of life they would be overlooked if they did not; extensive advertising seems to me a necessity.

American ethics, however, differ from those of Europe; they laugh at our sensitiveness, they are not absolutely guides for us in this matter, *sunt certi denique fines*, where public advantage ceases and personal aims begin; to pass those boundaries with us is to pass the Rubicon of respectability, and would be as odious, we may be sure, to those engaged in forming this School, as it would be to Dr. Quin, whose honour on this point is *sans reproche*—even exaggerated, for his chief works are written in a dead language.

The School has begun its session with some few genuine students, under the patronage and approval of great names, and under a working committee, with their active secretary Dr. Bayes. Money has been given very liberally, as well as good wishes to the scheme.

Every one must regret not to see Dr. Quin's name the very foremost, but even should it be withheld, is the battle and is the siege not to go on because Achilles sulks? A thousand times, Yes; for it has signs of life and success in it, and, may be, good fruits will come, and temporary differences pass away with time.

I am, yours, &c.,

29, Grosvenor Street,

Grosvenor Square, W.,

May 22nd, 1877.

J. L. MARSDEN.

ADVERTISEMENTS RELATING TO HOMŒOPATHY IN THE GENERAL PRESS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I recently placed an advertisement of the School in the hands of Messrs. Vickers, the well-known advertising agent in Nicholas Lane, E.C., who forwarded it to the chief medical papers. The following are the replies:—

The *Lancet* Office, May 17th, 1877.

Sir,—I beg to decline the insertion of the advertisement enclosed herewith.

Yours respectfully,

To Mr. Vickers.

J. CROFT.

British Medical Journal, May 17th, 1877.

Dear Sir,—I regret that I cannot accept your advertisement, *London School of Homœopathy*, as it is unsuitable to the columns of the *British Medical Journal*.

I am,

Mr. Vickers,
Nicholas Lane.

Yours faithfully,
FRANCIS FOWKE.

Medical Times & Gazette Office, May 17th, 1877.

To Mr. J. W. Vickers,

5, Nicholas Lane, E.C.

Dear Sir,—The proprietors of the *M. T. & G.* have instructed me to say that they cannot accept advts. of the London School of Homœopathy—nor any other homœopathic advts.—those which have already appeared were inserted by mistake.

I am, Dear Sir,

Your obedient servant,

JAMES LUCAS.

The following note is from Dr. J. Gibbs Blake to Dr. Bayes :—

May 18th, 1877.

Dear Bayes,—I have not heard from the *Lancet* and *Medical Times*, so I hope to see the advertisement tomorrow, but the *Brit. Med. Journal* declines to insert it.

Yours very truly,

J. GIBBS BLAKE

[Advertisement.—A LECTURE on the “Place of the Law of Similars in the Practice of Medicine,” will be delivered by Dr. J. GIBBS BLAKE, on Thursday, May 24th, at 4 p.m., in the Secretary’s Room, at the Midland Institute, Birmingham. Medical men admitted on presentation of address card.]

It is clear from the refusal of the advertisement of Dr. J. Gibbs Blake’s lecture, that the *word* or *name* of homœopathy is not the cause of the refusal of the advertisements of our “School.” The *word homœopathy* is carefully avoided in Dr. Blake’s advertisement, but the animus is against the teaching of the system, and that the desire, on the part of those who at present direct the journals and societies of the ruling school, is to suppress all knowledge or information respecting homœopathic therapeutics and practice.

We must recognise this settled determination on the part of those who direct the policy of the ruling school. They are determined, by fair means and foul, to tie our hands and gag our mouths as completely as they can.

If we are in earnest to spread that great medical truth, of which we are trustees, we must refuse to have our hands bound and our tongues tied. If the medical papers refuse our advertisements, I would propose to increase our advertisements *tenfold* in all the daily and weekly papers, and to *append to every advertisement*—"The *Lancet*, *Medical Times and Gazette*, and the *British Medical Journal* refuse to insert our advertisements."

As to the public outcry of a few of our own men, who prefer to see us all gagged and hand-tied, in order that they may enjoy the valueless and hollow smiles of a few of the enemy, whom they meet at dinners and evening parties, I have no sympathy whatever with them. Their position is ridiculous and undignified. In all public controversies each side advertises, publishes circulars, pamphlets, holds public meetings, and uses every possible means to obtain the victory. As to expecting to win the good opinion of the opponents of any public principle, by suppressing the open advocacy of your own convictions, and (while allowing the opposite side to have schools, lectures, journals, and societies all to themselves) declining to use the means of public self-assertion, such action could only point to want of earnest belief, or to downright treachery.

I am so convinced that the time has now come for *the public self-assertion of our rights in the domain of medicine*, that I am willing to join in an aggressive movement against those who would *gag us* and *bind us*, and to steadily and persistently advertise our hospital, our lectures, our journals, &c., and I am prepared to start a special fund for this purpose, to which I am prepared to subscribe £25 a year, and beg others earnestly to aid me in this matter. The advertisement I would propose would be something after this manner.

"LONDON SCHOOL OF HOMŒOPATHY.—The London Homœopathic Hospital, 52, Great Ormand Street, Russell Square, W.C., contains 65 beds for the sick poor; trains nurses; relieves many thousand poor at its dispensary yearly. A plan is prepared by which, at an expenditure of £8,000, it can be increased so as to receive 120 patients.

"Lectures on *Materia Medica* and *Therapeutics*, by Dr. Richard Hughes, are delivered at the Hospital, on Mondays and Thursdays, at 4 p.m. and on *Principles and Practice of Medicine*, by Dr. D. Dyce Brown, on Tuesdays and Fridays. Clinical instruction, within the walls of the Hospital, is given, in *Medicine* by Dr. J. Galley Blackley and Dr. D. Dyce Brown, and in *Surgery* by Dr. James Jones. Subscriptions in support of the Hospital,

and in aid of the above object, are earnestly requested, and may be sent to Capt. Vaughan Morgan, the Treasurer of the Hospital, or to Dr. Bayes, the Honorary Secretary of the School."

If we mean to win in this battle, we must cease to strive among ourselves, and actively push forward, till we storm the citadel of prejudice and folly which bars our way into the realm of medicine.

I am, yours &c.,
W. BAYES.

EXTRAORDINARY PHARMACY AND IMPOSSIBLE DILUTIONS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—To-day I had presented to me a prescription, the first medicine of which was *tinct. merc. sol. 8 x.*, with the question whether I could dispense it? I could not truthfully say yes, and felt compelled to state that the physician had made an error, that it was impossible to make the dilution prescribed. The gentleman hastily took up the prescription, would hear no explanation, said he had had it dispensed several times in London and would send it there again.

When will the homœopathic chemists of our large towns conscientiously perform their duties? I have in my possession *mer. sol. 8, carb. veg. 8.*, the last in pilules; and, still more wonderful, *hep. s.* in the mother tincture; and a few days since I saw what professed to be mother tincture of *phosphorus*, all purchased at some of the leading homœopathic chemists'. Such proceedings, and the quackery of *neuraline*, *phospherine*, &c., are a disgrace to homœopathic pharmacy, and prove that some sacrifice the principle of homœopathy at the shrine of £ s. d.

Yours very truly,
Hanley, 25th April, 1877. J. TIRRELL.

HOMŒOPATHIC CHEMISTS' CHARGES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I presented a recipe to a homœopathic chemist lately for a *four ounce* lotion, for which he charged me one shilling and threepence; being inconvenient to call for it, when I next required it, at the same chemist's, I sent a servant with the recipe to an ordinary chemist, to see if he could make up the lotion, which he did, and only charged me fourpence for it!

As far as I could judge the lotion was the same as that procured at the homœopathic chemist's, but to make sure I submitted it to my doctor, on my next visit, and he said he was almost sure the medicine was the same, and was surprised to hear that the homœopathic chemist had charged me one and

threepence for it, as he told me that there was only *half a grain* of medicine in four ounces of water! I now intend to buy the medicine and make the lotion myself, as I consider such a charge exorbitant and unjust.

I know chemists must live; but a percentage of 1,000 per cent. is too much to expect of a clerk with a family. I can now make a *pint* lotion for about a penny, *i.e.*, four times the quantity for which I was charged one shilling and threepence.

5th May, 1877.

A CLERK.

[We think that our correspondent's experience must be exceptional, and should not lead to the inference that exorbitant charges are made at all homœopathic chemists. Demands of this character are too well known to be suicidal to become general.—Eds. M. H. R.]

NOTICES TO CORRESPONDENTS.

♦♦ We cannot undertake to return rejected manuscripts.

DRS. BERRIDGE, MORRISON and BEAVER BROWN (Liverpool) have addressed letters to us regarding the subject on which we have already published several communications from the two first-named gentlemen. We do not regard the question involved to be of sufficient interest or importance to justify the continuance of this correspondence.

Communications, &c., have been received from Dr. Bayes, Mr. Cross, Messrs. Turner & Co. (London), W. Pottage (Edinburgh), Dr. Gibbs Blake (Birmingham), Mr. Howard (Accrington), Dr. Hughes (Brighton), Dr. Claude (Paris), &c.

BOOKS RECEIVED.

Manual of Therapeutics. By R. HUGHES, L.R.C.P. Vol. 1. London: Turner & Co. 1877.

On the Sources of the Materia Medica. By R. HUGHES, L.R.C.P. London: Turner & Co. 1877.

The Liver and its Diseases. By W. MORGAN, M.D. London: Homœopathic Publishing Company. 1877.

The Medical Examiner. May.

The Medical Press Circular. May 15.

The Homœopathic World. May.

The Chemist and Druggist. May.

The North American Journal of Homœopathy. May.

The U.S. Medical Investigator. April and May.

The Hahnemannian Monthly. March.

The Ohio Medical and Surgical Reporter. May.

The Druggists' Advertiser. New York. April.

The Second Annual Report of the Homœopathic Hospital and Inebriate Asylum. New York.

Bull. de la Soc. Méd. Homœopathique de France.

Bibliothèque Homœopathique. May.

L'Art Médical. May.

Allg. Hom. Zeitung. May.

El Criterio Medica. April.

Rivista Omiopatica. March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE MEDICAL PROFESSION AND HOMŒOPATHY.

NOT a few, we imagine, were startled when, on the morning of the first day of last month, they read in the *Times* a reprint from the *Lancet* of a communication from Dr. W. B. RICHARDSON, shadowing forth a proposal for the cessation of all party feeling between those members of our profession who believe in homœopathy—and are not ashamed to say so—and those who openly protest against it as a heresy, however much their daily practice may in many instances belie their protestations. That inter-communion between the two divisions of the men of medicine has been on the increase for some few years past, that much of that bitterness of feeling which prevailed twenty years ago had been toned down, that gross misrepresentations of homœopathy in the medical press were less common now than they were at one time, was known to all who felt an interest in the subject of dispute. But that the time had arrived when a formal renunciation of antagonism to the professional representatives of the therapeutic doctrine known as homœopathy would be made, we did not suppose that any one was sufficiently sanguine to believe. That a compromise could be effected seemed unlikely; while what could be the terms of such a “compromise” we have never been able to divine.

Dr. WYLD, however, essayed the difficult task, and, under the wing of Dr. W. B. RICHARDSON, sought to bring about "a reconciliation." Dr. WYLD's letter, with Dr. RICHARDSON's remarks upon it, will be found in another part of this *Review*. The object Dr. WYLD had in view in addressing this letter to his friend has our warmest sympathy. We never have been able to see why the belief in a definite therapeutic doctrine should be regarded as an obstacle to the freest professional intercourse. We believe that the barrier raised by the British Medical Association in 1851 against medical men practising homœopathy was an artificial one, that the resolutions erecting it were alike unjust and irrational. The resolutions passed by the "tumultuous" meeting at Brighton, as the late Dr. CONNOLLY termed it, were framed by men who were as ignorant of homœopathy as were the very pens they wrote with. They have had no result that has not been evil in its influence. Hence, an endeavour to deprive them of any further effect is commendable.

The question then arises, how is this re-union of the profession to be accomplished? Those who are opposed to us justify their opposition on scientific grounds. They assert that homœopathy is false in theory, and detrimental in practice, and that consequently all who acknowledge that they believe in this false doctrine and detrimental practice are unfit associates for those who repudiate them. But it turns out, on examination, that what those who profess to believe in homœopathy understand by that term is one thing, and what those who denounce it aver that it means is something quite different. For example, the *British Medical Journal* of the 9th ult. states—

"That homœopathy, so far as it had at all a title to a name or place in theory or fact, had three fundamental points laid down by HAHNEMANN. The first was the *defiance* of the ordinary laws

expressed in the maxim *sublata causa tollitur effectus* and *contraria contrariis curantur*, for which was substituted the mystical nonsense expressed in the words *similia similibus curantur*. The second point was the abolition of medical pathology and all other knowledge of the nature of disease by the substitution of the doctrine of HAHNEMANN, that there is only one general pathological phenomenon at the bottom of all disease—the diseased condition called by the learned psora, by the vulgar itch. The third was an almost necessary consequence of the first; for inasmuch as any tangible experience of the action of medicines at once contradicts the absurdly assumed principle that like causes produce opposite results, it was necessary to have recourse to the intangible, and accordingly HAHNEMANN laid down as his third fundamental doctrine that the potency of a medicine is increased by its dilution; that in proportion as all tangible therapeutic power is removed by infinitesimal division, so is the mystic or homœopathic power increased."

There is not in this passage a sufficient degree of likeness to homœopathy to enable us to regard it as a caricature. It is nothing less than a misrepresentation. HAHNEMANN never proposed to ignore the removal of the cause of disease, whenever it could be detected. Pathology, as that term is understood to-day, had no existence in HAHNEMANN's time. The interpretation of symptoms then was fanciful and hypothetical in the extreme. HAHNEMANN knew that (as all now admit) the theories then prevalent regarding the nature of disease were all false, and rightly contented himself with the pure observation of phenomena—of symptoms. With us it is different. Knowledge has increased during the last fifty years. The nature of disease has been studied with much success. The power to interpret symptoms, to trace them to certain definite pathological conditions, has in many instances been acquired. Consequently, we do not ignore pathology, but on the contrary study it carefully and make every whit

as much use of it as do physicians who profess to pooh-poo homœopathy. HAHNEMANN did not trace all disease to "psora." On the contrary, he—whether rightly or wrongly, is entirely beside the mark in describing homœopathy—regarded *chronic* diseases—and he limits his theory to *chronic* disease—as due to *three* constitutional dyscrasias. The third idea, that the potency of a drug is in direct proportion to its infinitesimal division, is a perversion of HAHNEMANN'S attempt to explain how it happened that infinitesimal doses do influence the disordered organism.

A writer in the *Times* (June 7th) suggests that homœopathy consists in putting an ounce of Epsom Salts into the Thames at Kingston, and expecting to be purged with a spoonful of the water at London Bridge! The individual, who thus ostentatiously makes himself ridiculous, has the shrewdness to veil his identity by describing himself as a "Medical Practitioner," adding, most unnecessarily, that he is "not homœopathic!"

If the statements we have quoted constitute homœopathy, they do so only in the sight of those who know nothing whatever about it. We cannot abandon the views these statements express, simply because we never entertained them.

Homœopathy has been defined time after time in this *Review*, and in countless books, essays, and pamphlets which have been published on the subject—and yet our opponents persist in telling their readers that it is something quite different from anything we, who have made a special study of the subject, ever supposed it to be.

True homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce a similar disordered state of health in a healthy person. This alone is homœopathy. To carry out homœopathy, it is necessary that drugs be proved on persons in

health. It is further necessary that the amount of drug given to cure be less than that required to produce disease; and, finally, it is requisite that medicines should be given singly, uncombined with others. These are the corollaries of homœopathy. They are inseparable from it; no one can satisfactorily practise homœopathy without seeing their necessity or availing himself of them; and, so far as we are aware, no one attempts to do so. On the other hand the so-called and much misunderstood "psora theory" may be true or false; the dynamisation theory may be true or false; the globule may be the best or the worst medium for prescribing medicines; the 30th dilution may be the best or the worst dose in all cases, and homœopathy remain unaffected. These are questions which have nothing whatever to do with homœopathy or its principles. And yet, whenever we read a description of homœopathy in a non-homœopathic medical journal, we find it consists almost entirely of a reference to the doctrine of psora, the dynamisation theory, and the acceptance of the 30th dilution as the dose in all cases! While there is not a medical man openly practising homœopathy who does not believe in the doctrines involved in the definition of homœopathy which we have just given, there are but very few who have any belief at all in those teachings of HAHNEMANN which are by our adversaries constantly paraded as true homœopathy!

We are not surprised at the misrepresentations of homœopathy—those cunningly devised fables—which emanate from the allopathic medical press. They have become necessary, in order that the anathemas on homœopathy to which the readers of medical journals have long been treated may not be neutralised by the therapeutic teachings of the day. A large, and daily increasing proportion of the uses of drugs have been made known by

homœopathists—by physicians, who, in seeking for a drug remedy, have been guided by the homœopathic law. Such uses of drugs are evidence of the value of that law. Again, the modern method of investigating the action of drugs is precisely that, with the addition of modern appliances, pursued by HAHNEMANN. In this way Dr. RINGER has recently published his “provings” of *gelsemium* and *jaborandi*. Further, the doses in which remedies, filched without acknowledgment from the works of homœopathic practitioners, are given is small—aye, very small indeed; and not only so, they are very generally given uncombined with any other drug.

Here, then, we find homœopathy as taught by HAHNEMANN, and practised by his followers, practised and taught by men who are committed to the opinion that homœopathy is all false! They have not the strength of mind and honesty of purpose to admit that in declaring this therapeutic method to be all wrong they have been in error. To sustain their consistency, they affirm that all this is not homœopathy—but that homœopathy consists in putting an ounce of salts into the Thames at Kingston, and drinking a spoonful of the water at London Bridge under the impression that the person drinking will thereby be purged! They describe that to be homœopathy, which has nothing whatever to do with it, and having ridiculed or demolished to their own satisfaction their description of it, they furthermore declare homœopathy to be a delusion and a snare, and all who believe in it are ranked with knaves and fools. In this way they act precisely as does the child, who, with a box of wooden bricks, erects a something which he calls the Tower of London, then knocks the whole affair to pieces with the remains of his Christmas present, and makes himself happy with the idea that he at any rate has battered to pieces that ancient fortress!

To what extent in the treatment of disease is homœopathy applicable? Is it available in every case and in all parts of every case? These questions can only be answered by an appeal to experience, and that a very wide and carefully conducted experience. The instances in which a physician cannot with advantage to his patient avail himself of the homœopathic law in selecting his remedies are indeed few. But such exist, and must be recognised. They are for the most part cases of painful but incurable disease, in which the cause of the pain not being removable it becomes necessary to prevent the sensation of pain by narcotics. The advanced stage of cancer is an illustration of this. In others the cause of suffering is purely mechanical, and when mechanical agencies can be applied these must be used for the purpose of cure. Of this a stone in the bladder is an example. Cases of poisoning, of mechanical injury, are also outside the limits of the law of similars. At the same time, even in such cases as these, conditions arise in which homœopathically chosen remedies will provide some degree of relief, an amount of relief both more considerable and more substantial than could be obtained by mere antipathic remedies. Dr. SHARP, in the fifth of his *Essays on Medicine*,* has stated the limits of the application of the law of similars with much clearness and precision. That some medical men who admit the value of the homœopathic law as a therapeutic indicator make a more liberal use of antipathic drugs than we allow is necessary, we are well aware. That they do so, however, is due to want of careful study of the *Materia Medica*, rather than to any defect in the resources of homœopathy.

In homœopathy, then, as understood and carried into practice by those who have studied it, we maintain that

* Sharp's *Essays on Medicine*, p. 118, *et seq.* Tenth edition, London: Turner & Co. 1874.

there is nothing opposed to science from an *a priori* point of view; but that, on the contrary, its scientific character is easily demonstrable. There is nothing which may not advantageously be made the subject of research and discussion by the whole body of the medical profession. There is nothing which can justify the refusal of any physician or surgeon, whatever may be his therapeutic views, to meet in consultation those who openly avow their belief in this doctrine, while that of medical publishers to publish, and of medical journals to advertise, the works of professional men known as advocates of homœopathy, is as absurd as it is contemptible. Still more untenable does the position assumed by the *Lancet* and similar journals become when we consider, as has been already shown, how largely the doctrine of homœopathy is practically, although secretly, applied and taught by the most advanced physicians of the present day. In commenting, *more suo*, upon a letter which appeared in the *Times* of the 4th ult., in which the fact is asserted, that all "the dogmas of homœopathy are to a very large extent practically accepted, taught, and acted upon by the most thoughtful and scientific physicians of the day," the *Medical Times and Gazette* of the 9th ult. asks, "why then start a homœopathic school?" The answer to this question is simple. The teaching of homœopathy is by the physicians referred to reduced to mere empiricism. They dare not in the present state of professional feeling go further. The *sources* of the recommendation to use certain remedies in certain conditions are ignored. The *method* by which a knowledge of such uses was obtained, is never so much as alluded to. It may be very desirable for a young practitioner to know that *ipêcacuanha* will cure vomiting; that *arsenic* is useful in gastric irritation, and, as Dr. LAUDER BRUNTON has recently "discovered "

--probably in an essay by some homœopathic practitioner-- in albuminuria ; that *chamomilla* relieves the irritability of teething, and so on ; but it is of greater importance that he should know and be able to recognise the *kind* of cases of vomiting, gastric irritation, albuminuria, and functional disturbance from teething, in which these medicines will prove serviceable. They are not remedies in all such cases. Without the complete recognition of the homœopathic law a teacher of therapeutics cannot differentiate between those cases in which they will prove beneficial, and those in which they will do no good. Still more important is it, that the student should understand the principles that first led to these drugs being recognised as remedies in such cases, in order that he may, by the same process, be able to discover others. So long, however, as a lecturer is prevented, by the fear of losing his position, from telling the whole truth, so long will he be able to communicate to his pupils only isolated pieces of good practice in an empirical, as distinguished from a scientific form. His work is imperfectly performed, simply because the present attitude of the profession demands that it shall be so. It is then necessary that a school should exist, where this teaching is conveyed in a scientific manner--and such a school we are thankful to know is in active, and we trust, useful operation ; and until the day arrives, when therapeutics can be taught thoroughly, without let or hindrance from prejudiced and ignorant persons, in all our medical schools, we hope that the recently instituted School of Homœopathy will continue to prosper and provide a much sought-for supplementary course of instruction in practical medicine.

While then there is nothing in the scientific aspects of homœopathy, or of the principles which are requisite to carry it out in practice, or in the extent to which those

who have investigated it believe it to be available in the selection of medicines, to justify the exclusion of physicians who practise homœopathy from all the advantages of professional association, there is even less reason for such exclusion when it is examined from an ethical point of view.

There is no such thing as "orthodoxy" in medicine. We are, on entering the profession, restrained by no obligation other than that of doing our utmost to save the lives and relieve the sufferings of our patients. We have subscribed no thirty-nine articles; have given no promise of submission to the injunctions of any authority on matters therapeutic; we have not undertaken to conform to any pharmaceutic ritual. We have, by virtue of having gone through an education tested as to its sufficiency by examination, acquired the right, and become bound by the ties of professional duty, to think for ourselves, to examine the experience of our predecessors, to test it by such as may lie within our own range of opportunity, and to treat our patients accordingly. "No one," as Professor GAIRDNER, when opening the Medical School of Glasgow for the Session 1866-7, said, "No one has a title to say to anyone else, I insist that you believe so and so, or I will disown you as a professional brother."* And this because, as the Professor subsequently remarked on the same occasion, "there is no opinion so ancient, or so general, that it must be received. There is no opinion so modern, or so eccentric that it must perforce be rejected." On what ground then, we desire to know, can the present state of ostracism of members of the medical profession who have examined and adopted into their practice the homœopathic method of drug selection be justified? Were there any fixed and perfectly well-attested rules of practice, rules for the choice of drugs,

* *Glasgow Medical Journal*, Dec., 1866.

rules for their application in all cases and under all circumstances; rules upon which nine-tenths of the profession were agreed, there might be some excuse for visiting independent thinkers with the vengeance of the majority. But nothing of the kind exists. Alluding to the modes of drug administration, which find favour with him, a writer in the *Medical Times and Gazette* of the 9th ult., says, "Therapeutics is not a science of deduction. It has no hard-and-fast principles which vary not. As far as it is a science at all—and we do not see that it can be called a science—it is as yet in the stage of simple observation. Induction in therapeutics has not yet been carried to laws. Whether it ever can be, is not for us to say, having no faculty of prescience." In the consideration of a subject, where all is confessedly so uncertain, so devoid of the substantiality afforded by definite principles, what right has any one to impose moral fetters upon any investigator of it?

Two or three years ago, when the question arose at Birmingham whether gentlemen who practise homœopathically should be treated justly, so far as to admit them to be members of the Medical Institute of that town, Mr. OLIVER PEMBERTON discovered, that inasmuch as such members of the profession assumed a name calculated to mark them off from the great body of the profession, they were not admissible to the privileges thereof. Never before, we believe, had this idea been broached. Having, however been started, it has been made the very most of. Some indeed of our own body appear to believe that in representing this as an obstacle to union our opponents are sincere! That the *Lancet*—*credat Judæus*—is sincere! That if we ceased, not to be called, but to admit that we are homœopaths, all would be well; and that, in no long time, some now well-known member of the British Homœopathic

Society would be seen occupying the chair at the Clinical or Pathological Society! Our faith in the genuineness of an opposition to homœopathy, which cometh of ignorance and prejudice, is too feeble to enable us to credit the possibility of such a result from so trivial a concession. "Nothing less," wrote the *Lancet* on the 2nd ult., "Nothing less than the most unreserved renunciation of all the dogmas of homœopathy, both in name and in deed, will be accepted." Surely such a declaration as that is sufficiently explicit? It is not the name to which the medical press really objects, but the *confession* of the doctrine which the name represents—that doctrine which for fifty years has been described by every epithet that could imply weakness, folly, and fraud—that doctrine, the truth of which so much of current medical practice bears witness to, from the application of which so large a proportion of the best attested uses of drugs has been derived. It is not so much the practice of homœopathy, that—if done secretly and disguisedly, so as not to impugn any opinion to which during a long course of years the medical press has committed itself—will not be publicly objected to. But if any one practises homœopathy openly and honestly; teaches homœopathy clearly and distinctly; publishes clinical illustrations of the value of homœopathically-selected remedies, showing that they are valuable just in proportion as they are homœopathic—he is condemned to the position of a medical Pariah! And yet if homœopathy be not, by those who know and feel it to be true, openly declared by them to be so, if it is not clearly and distinctly taught, if it is not practically illustrated with reference to the therapeutic principles it involves, scientific medicine will inevitably suffer, the work we have accomplished will be deprived of half its value, and instead of having brought about the general adoption of a therapeutic method based upon definite scientific principles,

the result of our labours in the field of therapeutics, will be nothing better than a somewhat improved system of empiricism.

If, then, we desire to see the regeneration of therapeutics based upon those principles we have so long striven to uphold, to illustrate and disseminate, we must in the meantime, be prepared to maintain the name which defines them. Further, so long as it is necessary, in order to the development of therapeutics from our point of view, to publish periodicals for the purpose, these periodicals must be known in some way or other as being issued with that intent. The columns of the journals of the majority are closed against us; we must therefore have journals of our own, and they must be known to represent our views. So long as a physician is denied an opportunity of joining the medical staff of a hospital, because he, in the large majority of instances, selects his drug remedies in accordance with the law of similars, and is consequently prevented from illustrating by clinical experience in public institutions the advantages of so doing, so long must we have hospitals specially set apart for testing and developing such a therapeutic method. For the same reason we have medical societies devoted to the purpose of enabling medical men, against whom the doors of the societies of the majority are closed, to discuss subjects of professional interest without impediment. Equally necessary it is that an institution raised for the purpose of teaching homœopathy *ex cathedra* should have such a designation given to it as will show unmistakeably the special object of its foundation.

We do not, as is maliciously said of us, use these words, "homœopathy" and "homœopathist" in a vulgar, ostentatious, or unprofessional manner; as a means of attracting patients by a parade of peculiarity. We do

nothing of the kind. "That these words have ever come so prominently forward, or been used so frequently, or in so many relations, as they have been, is solely to be ascribed to the action of those who, by excluding us from the ordinary societies of our profession, have compelled us to form societies of our own; who, having refused to publish our contributions to medical literature, have rendered it necessary that we should have special periodicals in which we could express our views; of those who, having deprived us of opportunities of filling hospital appointments, have made it incumbent upon us to institute hospitals and dispensaries where we could afford relief to the sick poor. In all this there is nothing unprofessional, nothing out of harmony with the strictest regard to medical ethics. The frequent use of the appellation 'homœopathist' has not been of our seeking, it has been forced upon us by the unjust, ungenerous conduct of the medical profession." ("On Professional Opposition to Homœopathy," *Annals of the British Homœopathic Society*, 1875.)

"It is plain that the time for reconciliation," wrote the editor of the *Medical Times and Gazette* the other day, "has not yet come." Why is this so? We have shown, that the opinions we understand by homœopathy are not those attributed to us by the medical press. We have shown, that what we understand by homœopathy is even now secretly practised and taught by many physicians and lecturers. We have shown, that there is no standard of orthodoxy in medicine. We have shown, that every physician has not only the right to think for himself, to be guided by the results of his own enquiries, his own experience in all his dealings with disease, but that it is his bounden duty so to think and so to be guided. Why then this perpetuation of a feud founded on false premises,

maintained by false notions, and involving restrictions no man and no body of men can rightfully impose ?

We contend, therefore, that it is high time that the attitude of the majority of the medical profession towards those of their brethren who acknowledge the value of homœopathy were changed. This change must, however, proceed on a right basis, or it will have no endurance. The right and duty of every medical man to be guided by the dictates of his own experience must be acknowledged. Freedom of opinion, freedom of thought, and freedom of discussion must be permitted to all medical men. Once admit the justice of the principle laid down by Professor GAIRDNER, of Glasgow—" *No one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother*"—and every hindrance to free professional intercourse is removed.

In conclusion, we would remind our brethren that the reconciliation they so much desire, and which we believe would be fraught with good to medical science, can never be accomplished by diluting truth, or by giving an undue importance to the value of antipathic or empirical expedients in the treatment of disease. Our experience teaches us that these are only exceptionally useful, and we must maintain such to be the case. Our experience also teaches us that in by far the larger proportion of cases a homœopathically selected medicine is the only drug-remedy required. And it is probable enough that, in many instances when we do resort to some "auxiliary," we might do much better for our patient if we, by a little closer examination of his case, and of the *Materia Medica*, prescribed homœopathically for him. These are principles to which we must remain steadfast; and we may rest thoroughly assured that by any compromise of them neither we nor our censors will gain anything. Reconciliation, to be real and

durable, must, we repeat, be initiated on a sound basis. Anything approaching a compromise, either real or apparent, of what we know to be true, will be but the prelude to a renewal of strife more difficult to assuage than any which has hitherto arisen. Nay more, any such compromise is impossible. Homœopathy is, as we believe, a truth of the utmost importance to the science of medicine ; one, which, by its influence upon practical medicine, largely affects the welfare of the sick. Believing all this, it is impossible for us—without a grovelling unfaithfulness which would render us justly contemptible in the eyes of all right-thinking men—it is impossible for us to “renounce all the dogmas of homœopathy,” on any terms whatever. We owe it to science, to our profession and to the public that we contend unswervingly for the reality of a truth so far reaching in its influence as is that enshrined in the word homœopathy. Come what may then we must pay the debt which knowledge and experience have rendered us responsible for. It is no private interest, no despicable self-assertion that animates us in our determination to make the advantages of homœopathy as widely known as it is in our power to do, but a firm and deliberately formed conviction that in homœopathy is to be found the key, that will open to the physician and his patient the highest knowledge of the remedial power of drugs.

ACCIDENTAL PROVING OF CHAMOMILLA.

BY J. C. BURNETT, M.D.

A LADY called upon me and informed me that her daughter, a young lady of 25, had drunk “the dregs of her ‘pa’s chamomile tea,” and had become very ill.

Her father, it appears, imbibes at intervals, especially in the spring, certain quantities of chamomile tea to “purify his blood.”

After having drunk the remains of the chamomile tea, the young lady complained of "pain in the belly from side to side just above the navel, corresponding to the transverse colon, commencing on the right side and going over to the left; then the bowels became relaxed, the stools were at first *white*, and then *putty-like*; then pretty severe vomiting with griping, and great ineffectual desire for stool. Feeling of griping, and coldness and chilliness in the inside of abdomen passing downwards into the legs as far as the knees. Tongue coated white with islands on it. An intense headache on the top of the head as from pressure from within, and feeling as if the top of her head were blown off."

These are the girl's own words. She had to remain in bed two days, and her mother gave her *ipéc.* to stop the vomiting, and this failing, *veratrum alb.*, which succeeded. Hot compresses were likewise applied to the abdomen to relieve the pain, but with only little effect. She seeks advice for this condition on the third day. The chambermaid warned her not to take it, as they at her home were in the habit of using chamomile tea when they wanted "a scour" (*i.e.*, cattle).

The chamomilla headache is *pressive* above all things. The hard *pressure* (*pressive*, &c.) occurs nearly *thirty times* in connection with the headache.

The vomiting, diarrhœa, griping, urging to stool are its known effects. The description of the stool is noteworthy; it was at first white, and then putty-like. This is just the state of the fecal mass one so often meets with in delicate children, whose heads perspire during sleep, whose one cheek flushes readily, who are apt to get chronic diarrhœa and abdominal pains, and whom fond mothers feed with "beef tea, strong gravy, chopped-up meat, Parrish's syrup, and the best of everything."

THE SOUTH OF FRANCE.

WITH CLIMATE RECORDS.

By DR. MORRISON.

No. 6.—PAU, AND BIARRITZ (*Basses-Pyrénées*).

CONTINUING our westward course from Marseille and Montpellier, the route to Pau will be through the important towns of Toulouse and Tarbes. If of a religiously super-

stitious turn of mind, a halt may be made at Lourdes, when the grotto of "Our Lady of Lourdes" may be visited. A good many of the pilgrims who drink at the miraculous fountain close by would be greatly benefited by a liberal outward application of its cleansing waters. And if the number of crutches and such like appliances there exhibited really indicate miraculous restorations to health, they furnish sad evidence of the prevalence of imaginary diseases. Had the peasant-girl Bernadette Soubirous uttered her vagaries in London, they would probably have been placed in the category of mental aberrations.

PAU is distant about 26 miles from Lourdes. It is an ancient place, of some renown, and is now the principal town for the department of the Lower Pyrenees. The old town was crowned by the château, where Henry IV. was born. Through the valley beneath flows the river Gave, which is spanned by a lofty bridge, supported on seven arches.

The modern town is built upon an elevated plateau, which sinks abruptly to the extensive valley beneath. The margin of this plateau is bordered by fine edifices, including the chief hotels. The view from this position is magnificent. In the fertile valley beneath lies the old town of Pau, with the river flowing through its centre; far beyond, stretch, in an unbroken line from east to west, the snow-clad Pyrenees. Towering above its compeers, rises the Pic du Midi. When seen above the clouds, with its silver-streaked summit glistening in the morning sun, it becomes an object of sublime beauty. Indeed no choicer background could be formed to any landscape than that of the majestic Pyrenees.

The population of Pau is estimated at from 20,000 to 28,000. It is a grand place for the resort of the wealth and fashion of Europe, and more especially of England, the United States, and Spain. There are but few manufacturing, the townspeople preferring to live upon the spider-and-fly principle. Those who can afford the luxury of hotel life will find ample accommodation at such establishments as the Hotel de France, Grand Hotel Gassion, de la Paix, Victoria, de la Poste, Beauséjour, Montpensier, and many others. Furnished apartments are chiefly let for the season, the charges for these being in harmony with the high-class society found in Pau. It requires both tact and

experience for those of modest means to obtain accommodation suited to their requirements; though, it is only fair to add, this can be obtained.

The Place Royale, containing a statue of Henry IV., is one of the finest squares in Europe. From this is the descent to the railway station; and on the same side commences the Boulevard du Midi, which leads to the gardens of the château.

The château, from whence the descent to the old town commences, is an object sure to attract the visitor. It is an exceedingly interesting structure, historically and architecturally. Erected in the 14th century, it was enlarged in the 15th, and embellished in the 16th. Under the residential care of Napoleon III. it was preserved intact. It is joined to the town by three bridges, and is flanked by five towers. The staircases, rooms, and furniture, are all of interest. Many of the walls are hung with tapestry. In the *salle à manger* is a good statue of Henry IV.; in the *salon de famille* is a piano formerly used by Marie Antoinette, and a porphyry table presented by a native of Pau, Bernadotte, afterwards King of Sweden. On the second floor is the chamber in which Henry IV. was born, Dec. 14, 1558. His elegant tortoise-shell cradle, and the handsome bedstead of his mother, deserve careful notice. Among the former occupants of this royal château, were Abdel-Kader, and Queen Isabella.

Adjoining the château is the lovely Parc, with its delightful promenade overhung with fine beech and other trees. It has a small ferruginous fountain. Near the foot of the eminence skirted by the park, runs the river Gave with its soothing murmur; and there is usually so little wind that the distant village clock, and the tinkling of the herd-bells, can be distinctly noted. Owing to this promenade connecting the two extremities of the town with the country, it has been aptly compared to the Promenade des Anglais at Nice. This park is a favourite resort for all classes, so much so that an English lady, Mrs. Ellis, in 1840 thus wrote: "Here may be seen every variety of invalid, from those merely debilitated to those whose cases afford no hope; some courting the warming rays of the sun, others seeking the shades which those rays unsuccessfully strive to penetrate. Yet, however, this is a spectacle which cannot be contemplated without evoking sentiments of

gratitude and joy, in that such an atmosphere and such a scene should be so accessible to the people of climates less blest ; who, coming in large numbers, are frequently restored by this favoured climate to health and life."—(*Le Climat de Pau*, par le Dr. Ed. Carrière ; Paris, 1870.) In addition to the promenades, there is an observatory, the view from which can rarely be equalled for extent and beauty.

Much more might be said concerning the town, its streets, and tempting shops ; its society, its churches, museum, banks, theatres, and fox hunts ; its villas, and environs. But I must leave these, merely remarking that the impression which Pau produces upon the visitor is that of a well-supplied town, surrounded by picturesque scenery, and possessing a winter climate so rarely subjected to violent variations that it appears as if nature had selected this spot as an emblem of repose.

The journey to or from Paris occupies 16 hours, the distance being over 600 miles. A break may conveniently be made at Bordeaux, which is about half way.

The *climate* of Pau has obtained an enviable reputation, thanks to its geniality and equability. It is a reputation much better deserved than that of the majority of health resorts. What Bath is to Hastings, Pau is to Menton. Biarritz, of which I shall speak later on, may be compared to Ilfracombe. With the exception of three or four weeks from the commencement of January, the weather is usually fine. Unlike at Montpellier, or even Nice, rapid transitions are rare. But in January the rainy season commences, sometimes with showers of hail. Snow rarely falls in sufficient quantity to remain more than a very short time upon the ground. But, as at all winter stations, invalids must beware of exposure to night air. What can be more tempting than a stroll by a clear moonlight, with an azure blue overhead, and the charms of scenery to entice ? The fall of dew may be scarcely noticed, yet an aggravation of the consumptive cough, and a deepening of the hectic flush, may shortly indicate that something incautious has been done. A second danger to invalids lies in the inducements for recreation. Pau is so completely at the disposal of visitors, that people of fashion resort there merely for pleasure. Many of these rush to Biarritz, at the end of the season at Pau, to recruit the energies which they might, with greater advantage, have preserved intact.

The prevailing winds are the north-west, west, and south. An explanation of the general calmness of the air is afforded by remembering that the southerly winds have to mount the Pyrenées, and before descending come into contact with the northerly winds, which latter have come over the lofty hills in the distance. Owing to spurs from the Pyrenees the town is greatly protected from easterly winds, but it is open to the mild westerly winds from the Atlantic. The frequency with which the latter blow accounts for the humidity of the atmosphere, and the mildness of the air. Not that the humidity here mentioned causes a damp climate. The total rainfall exceeds that of London, but the ground is so porous, and the drainage so perfect, that rains merely serve to freshen the air and revive vegetation. Even the flatness of the country north of the town, which is marshy, has but little effect on the town itself, as shown by the scarcity of intermittent fevers.

Old age is common among the Béarnais, the people of this district. Some thirty-seven years since 108 persons, whose ages ranged from 90 to 110 years, were found among a population of 14,000 (Carrière). As the natives of these parts are strongly attached to the soil, and of industrious and frugal habits, their condition has not greatly altered.

Vegetation bears witness to the warm, moist character of the westerly winds. The bleaker north winds blow chiefly in autumn; should they continue in spring, vegetation is retarded. But it is always abundant and healthy, even the heat of summer being tempered by the westerly breezes. The grapes from which the excellent wines of Jurançon are obtained, are grown within sight of the terrace at Pau.

Should the visitor desire a cooler atmosphere, he is within easy reach of the summer stations of Eaux-Bonnes and Eaux-Chaudes. If desirous of climbing higher, he can ascend the Pic du Midi, or some neighbouring mountain.

Reverting to Pau, what might be expected to be the effect of its moist, mild climate upon health? Its first effect is sedative, diminishing nervous energy, and causing congestions. A fulness of the head, followed by giddiness, may cause some alarm, but these soon pass away, leaving a sense of unwonted relief. Hence the climate of Pau is just the opposite of the irritating, excitant, climate of Nice. For while the latter is subject to cold winds and frequent

changes, which cause an excess of ozone, the north-west wind, or mistral, passes some 70 or 80 leagues from Pau; the bise, or north wind, passes chiefly over the districts of the Haut-Loire, Lozère, and Cevennes; the bleak west-north-west wind, or cirius, passes it by; and there is a marked scarcity of ozone. But the air is not relaxing. Its action is to diminish the tendency to scrofulous and tuberculous diseases, and to act upon nervo-sanguineous and lymphatic temperaments, relieving headaches, lessening inflammatory action, relieving irritabilities of internal organs, and correcting secretions. "In short, the predispositions which are favourably influenced by the climate of Pau may be summed up in one general principle; namely, whenever they depend upon increased nervous and arterial action, permanently produced, either by temperament, or by some cause leading, if unchecked, to active disease." (Sir A. Taylor).

Dr. Carrière, recognising two forms of phthisis, places the active at the head of the list of diseases amenable to the climate of Pau, recommending a climate less humid and more bracing for the passive form. Bronchitis, with a tendency to tuberculous deposit, stands second on his list. Some laryngeal affections are aggravated; while others, as laryngeal phthisis, and effects resulting from over-use, are relieved. Asthma, if dependent upon nervous irritability, may be also relieved. Rheumatism and gout, provided the patient be free from cardiac affections, may be much benefited; though, strange to say, rheumatism is one of the diseases most prevalent among the resident population. Neuralgic complaints usually yield readily. Old people find a residence here particularly beneficial. But those who are anæmic or enervated; those who have bronchial complaints with abundance of expectoration; those who suffer from confirmed rheumatism, cardiac diseases, or paralysis, should not reside in these districts. Experience points out that the air here is specially suited to those whose over-active circulations, or excited nervous systems, require to be calmed and subdued.

I am indebted to the courtesy of Mons. Piche, Secretary to the "Commission Météorologique des Basses-Pyrénées," for much information, but I must refrain from quoting the tables supplied for lack of space. Some particulars briefly given by Drs. Clark and Taylor may, however, be of service.

1.80 C. = 34.2 F. ; 14.80 C. = 57.2 F.

Month.	J. Clark.	A. Taylor.	Mean.	Differences between the months.	
Oct.	12.85	14.82	13.67	Oct. & Nov.	5.63
Nov.	8.10	7.97	8.01	Nov. & Dec.	2.44
Dec.	5.25	5.96	5.60	Dec. & Jan.	1.81
Jan.	3.70	4.89	4.29	Jan. & Feb.	2.46
Feb.	7.10	6.40	6.75	Feb. & Mar.	2.04
Mar.	8.10	9.32	8.71	Mar. & April	3.33

The mean winter temperature is thus 7.85 C. (46.2 F.). This is rather above the general average. Snow falls, generally in small quantities, on an average of 11 days. Rain falls, on an average, on 119 days in the year, frequently only as showers. The clouded days of winter (six months) number 81, but that the air is remarkably free from communicable damp is shown by the perfection with which hair retains its natural curl. The air of these clouded days is particularly soothing to invalids suffering from active disease.

Seventy-eight miles west of Pau lies the important town of *Bayonne*, from which the word "bayonet" is derived. The incident which gave rise to this relates to a battle between the French and Spaniards, in which the latter fixed their knives in their rifles, and with this novel instrument charged the astonished Frenchmen.

On leaving Pau, numerous villages lie *en route*, several of which were said by our travelling companions to be suitable for visitors. I cannot speak personally about them, nor can I of Arcachon, the sea-side resort between Bordeaux and Bayonne.

This latter is a respectable quiet-going place, selected for temporary residence by many who find it difficult or expensive to stay in Biarritz. In fact this is the best station at which to alight. It is only five miles from Biarritz, along an attractive well-made road, with an omnibus running every half-hour or hour, while the Biarritz station is two miles off, with uncertain communication.

BIARRITZ, my favourite spot, is certainly a charming place. It is mentioned as existing in the eleventh century, being then a fishing town, and emporium for the Basques. At one time the receipts from Biarritz formed an important item in the salary of the Bishop of Bayonne, but the

whales being too actively pursued, diminished in number, and the remnant forsook the Gulf of Gascoyne for more northerly regions. It became a miserable villiage, and remained such till the early part of the present century. Gradually becoming a resort for bathers, the beauty of its situation attracted royal attention. The late Emperor Napoleon subsidised it, and extensive improvements were carried out under his direction, the Villa Eugenie was built, and the Empress became a regular visitor. A jetty was built to form a harbour, but the turbulent waves of the Bay of Biscay have laid it nearly in ruins.

The surrounding country is a district of fields and forests, lakes and rivers, mountains and valleys. Several rocks stand prominently out of the sea in front of the town, imparting, on that side, a picturesqueness usually wanting at sea-side places. A fine sweep of sand is bounded on the north by the Villa Eugenie and by the lighthouse, and on the south by the Hotel du Casino, with its excellent baths. Passing behind several of the chief hotels, the entrance to a tunnel will be noticed; emerging from this a splendid view breaks forth, comprising the pier, rocks and sea, the winding way to the old port, and the coast of Spain. If instead of passing through this abrupt hill, the visitor ascends it, he will be amply repaid for his trouble. Well made roads, lined with poplars, and a cultivated country will be seen; for whatever may be said of the frivolity of a large proportion of Frenchmen, those of the south are an industrious and thriving people. By no means uninteresting portions of the scenery are Bayonne and the river Adour on the one side, and the Pyrenees on the other.

Biarritz is so entirely surrounded by charming country, that to select only two spots for special mention may appear invidious. But it would hardly be fair to omit all mention of the village of Cambo, and the Franco-Spanish frontier at Hendaye.

Cambo will be reached after a lovely drive of fourteen miles. The village is divided into two parts, high and low, both being adjacent to the Pyrenees. Descending the incline from the former to the latter, the small river Nive will be reached. This is at present a salmon stream, but if the appliances used for their capture continue to be permitted, it is not likely to supply salmon to many future generations. Three mineral springs of some repute exist at Cambo. The water of the one is sufficiently impreg-

nated with iron to strongly affect the palate ; but visitors fond of strong flavours must not fail to taste the water from the sulphurous spring, this being similar to the water at Eaux-Bonnes. There are baths in connection with this sulphurous spring, but my predilections are not in favour of an excessive use of rotten eggs. To reach the small ferruginous spring, a walk of about a quarter of an hour is required, following the shaded course of the stream. The third spring is beyond this, and is noted as having remarkably limpid water, without odour or taste. To this many curative effects are attributed ; locally, it is applied as a lotion in diseases of the eyes.

On leaving Cambo, a road to the left leads to the Pass of St. Roland. Dismounting by the river, a winding path between rugged heights skirts its rapid waters, and some considerable distance along this path stands a large projecting rock with a passage through its centre. The legend records that St. Roland, desiring to pass this way, found the aforesaid rock barring his progress. Lifting his foot he gave a kick, which cleared a space for all comers.

The hotel visitor to Biarritz will probably be offered another day's treat, in a pic-nic to Hendaye. The distance is eighteen miles, through the old town and port of St. Jean de Luz. At the edge of the Bidassoa is the village of Béhobie ; on the opposite bank, and connected by a bridge, is the Spanish town of Irun. Turning sharply to the right, the road follows the course of the river to the adjacent town of Hendaye. Now cross the river in a boat and you will be landed at the Spanish town of Fuentarabia, which the French, with their usual fondness for clipping, term Fontarabie. Built upon the declivity of the neighbouring hills, walled in, and with the houses as closely packed as if land were extremely valuable, the aspect of this town is essentially foreign. Although a border town it is so thoroughly Spanish, even in the number and importunity of its beggars, that the visitor might imagine himself in the centre of Spain. We found it almost deserted, except by beggars and soldiers. A fight had taken place the day previously outside its walls, on the road to Irun, which is only three miles distant. A forlorn priest, sitting in a balcony of its shot-marked cathedral, informed me that the soldiers were " Republicanos," but that the people (evidently the priests) were " Carlistos." On a height overlooking Irun the sentries

of Don Carlos were plainly visible from the spot where we were then standing, and an occasional roar of cannon came over the adjoining hills. I had but just come through Spain, where I saw an abundance of "food for powder," but the reality of war was impressed by the condition of this district, and the misery of its people. A speedy return to Hendaye, and a delightful return drive to Biarritz, failed to efface the impressions produced.

Biarritz contains a population of only 4,000, but accommodation for visitors is provided upon an extensive scale. There are banks, baths, boating, churches, a library, an aquarium, and several fine hotels. Among the latter may be mentioned the *Hôtel d'Angleterre*, *de France*, *Grand*, *des Ambassadeurs*, and *du Casino*. The latter, together with its baths, belongs to M. Gardères, who is the proprietor of the *Hotel de France*, at Pau. Visitors to the *Hotel du Casino* should select the upper floor, the under floor being just over the hot-bath rooms. Its situation is perfect, facing the *Villa Eugenie*, and affording a full view of the intervening bay. An attempt has been made to create a winter season for Biarritz. As far as climate is concerned, the chief reasons why this has not well succeeded are the dampness of its air from the prevalence of sea breezes, and the severity of its storms. The latter are sometimes so violent that the sea appears like a mass of foam, and the town itself will be covered with spray.

During the excellent months of April and May, living is very reasonable indeed, but prices then rapidly rise, and during June, July and August, accommodation is excessively dear. Hotel living, which would cost from seven to ten francs a day in April, will cost from twenty to twenty-five in August. Probably for those in apartments food is not so dear in comparison, owing to the proximity of Bayonne.

Sea-bathing is freely indulged in by the English in April, but the chilly Frenchmen commence their ablutions in May. The place where bathing first commences is the Old Port. Here the most timid may bathe in safety, for the port is thoroughly protected from the insolence of the sea. All ages and both sexes bathe together. This arrangement, which affords increased security to the weaker ones, is feebly imitated at Broadstairs, scandalising the sham-modesty of our English prudes. On the *Plaze de l'Impératrice* the waves are rougher, and the bathing more public,

but the divisions of families better defined. On the first Sunday in September there is an incursion of Basques, from the neighbouring villages and mountain districts. Habited in Spanish costume, they congregate to the number of several thousands, dancing to the strains of fifes, lyres, and tambourines. Attired for bathing, they advance in single line hand in hand, male and female, submerge themselves beneath a few advancing waves, and retire to their homes, to renew the washing process twelve months hence. In like manner they make an annual pilgrimage to Cambo, to partake of its mineral waters.

The *climate* of Biarritz differs from that of Pau in two important points—it is more boisterous, and the air is highly charged with saline matters. The rougher winds are the invigorating westerly breezes of the Atlantic, while from the south come the pure waftings of the mountains. In winter these mountain breezes sometimes bring snow clouds, as they also do at Pau. The rainy season is of short duration, the town itself is very free from epidemics, and not unfrequently the thermometer will touch 15° C. (59 F.), and even higher in mid-winter. Unlike in the district of Béarn, the atmosphere is highly charged with ozone, but it has not the irritating sharpness of the air in the districts between Montpellier and Menton.

Sir A. Taylor thus writes (*"Man: the General Principles of Medical Climatology,"* 1875):—"The climates of the south-east and south-west of France may be divided into two classes, those which are *exciting*, and those which are *sedative*. In the exciting climates one invariably finds the following atmospheric conditions:—excess of dryness, highly electric state of the air, the presence of ozone, and, during the spring, piercing and irritating winds, as at Menton, Nice, Cannes, Hyères, Montpellier, &c. In sedative climates we find almost a neutral state of the atmosphere, a remarkable freedom from over-dryness on the one hand, and from communicable damp on the other, small proportion of free electricity and ozone, and great atmospheric stillness, as at Pau. . . . Biarritz will gradually take the place of some of the south-eastern stations, and we shall have the south-western zone of France a sanatorium for Europe."

With these remarks I conclude my articles on "The South of France." Some of the details have been supplied by authors quoted, but in every instance the places have

been thoroughly inspected; and thus to the descriptions given by others, and which too frequently owe their tintings to self-interests or instincts of nationality, has been added that larger knowledge which is the outgrowth of individual experience.

Albert Square, Clapham Road,
June, 1877.

NOTES FROM DAILY PRACTICE.

BY A. C. CLIFTON, M.D.

IN a letter published in the May number of this *Review* I remarked:—"I propose following up my suggestion that we should engage in work of a practical rather than theoretical character, by sending to the *Review* some notes from daily practice." In conformity with that intention, I have looked through my records of cases which I have treated successfully, or otherwise, with some of those remedies in our *Materia Medica* which I think are not very often used, but which appear to me to be worthy of more frequent trial. I had intended furnishing you with cases illustrative of the action of such drugs, but I find the particulars of each would occupy more space in your journal than such detailed description would be worthy of. I have, therefore, adopted a more concise form, which will, I think, give the chief points of interest attaching to each drug and form of disease to which each is applicable. Besides that I am of opinion that however interesting the detail of some cases may be, they must be seen in order to gather much information of a practical character from them—no two cases being quite alike, each having to be treated separately. In short, it is best for the practitioner to have some leading indications for a medicine, and then go to his *Materia Medica* to complete the picture. I would just say that in what I present to your readers I lay no claim to originality in the selection of these remedies. But, being something of a bookworm, I have made use of other men's brains to aid me in any difficult case. I have merely, therefore, repeated experiments carried out by others. The dilutions of the medicines which I have used must be understood to be according to the centesimal scale, except where mentioned to the contrary.

The first drug I shall allude to is *magnesia muriatica*. I find seven recorded cases of congestion and enlargement of the liver, in four of which it was of signal benefit, in the other three it did no good. Case 1 was a woman, æt. 58, who had been subject to repeated attacks of biliousness and disturbance of the functions of the liver for several years, attended with dyspepsia and constipation. When I first saw her she was suffering from bilious diarrhœa, headache, pain in the right side, had a large, flabby tongue, coated yellow, some œdema of the feet; dyspnœa; palpitation of the heart, for which I gave her *mercurius solubilis*, 5th dilution. A few days afterwards she was much better of the diarrhœa—her bowels, indeed, had not been moved for two days; her condition presented some yellowness of the skin, dull, frontal headache, and vertigo when rising; the tongue slightly coated white, thirst, loss of appetite, nausea, dull, aching tensive pain in the hypochondriac region, going through to the right scapula; inability to lie on the right side, doing so causing more pain; there were dyspnœa, irregular action of the heart, sometimes beating loudly. The urine was scanty and high coloured, slightly albuminous; the feet and legs œdematous. The epigastric and right hypochondriac region were tender to the touch. The area of liver dulness was greatly increased laterally and downwards; the free edge of it could be felt extending $2\frac{1}{2}$ inches below the ribs, and bulging outwards, but feeling hard. Several medicines were thought of for this case, but having read in Hempel's lectures of *magnes. muriatica* being indicated in induration and enlargement of the liver, and as in many respects its pathogenesis corresponded with the condition of the patient, I decided on that medicine, which I administered in drop doses of the 5th potency, the only strength I had by me. I need not go into the details of amendment; suffice it to say that she improved after two days—first, the pains in the liver were lessened, colicky pains and flatulence in the abdomen (which I omitted to mention) were lessened; the nausea became less; the feet and legs less swollen; the bowels acted more regularly, and stools were normal, and not, as for years past, in bullet-shaped masses every three or four days; and last of all, the liver became normal in size, and she could lie on either side with ease. These results were obtained some two years or more ago, and she has remained well ever since. The three other cases where the drug was successful were

very similar in character. One of them had been treated by me several times with only amelioration, the liver never much diminishing in size except under *agaricus*, and then only temporarily. The prominent symptoms of all were very enlarged and indurated liver, which had been preceded by months or years of recurring attacks of indigestion, biliousness, constipation, with large hard motions like balls, and inability to lie on the right side (and in one case not on either side). In two instances the catamenia had been too profuse, too often, too long, with excessive uterine pains. In neither was the tongue ever very furred, but there was generally a disposition to eat frequently, on account of a gnawing pain at the pit of the stomach, which was relieved by a small quantity of food, but aggravated by more.

In three cases where I found it useless, one was associated with enlargement of the ovary, and *iodine*, 3-dilution and 3x-dilution, was of great service. One did not improve under any treatment; and the third was cured by *agaricus*.

All the cases in which I tried this medicine in hepatic disorders the patients were women. I do not remember a single instance where the patient was a man.

Magnesia muriatica I have also found useful in some cases of constipation of young children; in poor puny children, with enlargement of the abdomen; and in two cases the liver was found unduly large in rachitic looking subjects, the appetite being often irregular, fond of sweets (which, by the way, most children are); the stools were small, hard, dry, passed with difficulty. In these cases the 12th dilution has served me best.

In some cases of ozæna it has been curative, particularly where the discharge was thin and acrid, or with snuffing or stuffing of the nose at night, ulceration of the edges of the nostrils causing the patients to pick the parts affected; tendency to sweat about the head or the feet. In these cases the 3rd decimal dilution has answered best.

In headaches similar in character to those indicating *silicea* I have occasionally used it with benefit; headaches characterised by compression, dulness, better by wrapping up the head warm with silk handkerchief, but unlike *silicea* worse in the open air; in these cases there is general debility; tendency to sweat on little excitement, and at any early part of night, especially on the head or feet. In these cases I have found the 3rd decimal and the 30th centesima do good.

In the nausea of pregnancy, a few cases have been cured by *magnesia muriatica*, but in these there has generally been, previous to marriage, some hepatic disorder with constipation, or else uterine spasms with metrorrhagia. The 3rd dilution has generally served me well in such cases.

Two cases of nocturnal involuntary emissions were cured by it after other medicines had failed; these were associated with some constipation, indigestion, and biliousness; the emissions occurred sometimes with and sometimes without dreams; the scrotum in both cases was relaxed and loose, and often covered with perspiration, and there was in one an itching of the anus.

Magnesia carbonica is a drug I have tried but little, for the same reason I suppose that some other physicians have omitted to do so, viz., prejudice against certain drugs which one assumes without inquiry to be almost inert—such, for instance, as *magnes. mur.*, *kali carb.*, *natrum muriaticum*, &c. In fact I have no records of having used it in any case except one of metrorrhagia. I had attended the lady on several occasions, and relieved her to some extent, but not satisfactorily, when one day, on my advising her to lie in bed and rest—she told me the flow was always worse at night in bed. Remembering this “key-note,” as it is called, I prescribed *magnesia carbonica*, the 6th potency, which at once controlled the discharge, and not only so, but cured a frequent diarrhoea to which she was subject; and it also corrected a dyspepsia, in so far as to enable her to take milk, which for years she had not been able to do without causing distress at the stomach and sour risings. The other cases of which I have no record are diarrhoea of young children, where the milk causes pain in the stomach, is rejected, or passes the bowels undigested; the stools are green, sour smelling, and attended with colicky pains—cases where *chamomilla* or *æthusa cynapium* have not done good. The dilution I am in the habit of using in such cases is the 3rd decimal.

Kalmia latifolia I have frequently used with beneficial results in rheumatism, in organic heart affections, and in neuralgia. In acute articular rheumatism its principal sphere of action is in cases where the pains shift about from joint to joint, more especially in those where they begin in the upper extremities and are subsequently felt in the lower, the joints being hot, red, and swollen; pains worse on the least motion, and during the early parts of the night,

or soon after going to bed. It indicated where there is no marked rheumatic diathesis, but where the rheumatoid pains have arisen from a sudden chill or exposure to a cold wind—in these cases there is not much fever, heat or perspiration, the pulse being only slightly accelerated, and, indeed, in many instances slow. I have also found it useful where the pains seem suddenly to leave the extremities and go to the heart, where the pain is shooting, stabbing through to the left scapula, causing violent beating of the heart, with an anxious expression of countenance, a quickened but weak pulse, and difficult breathing; in these conditions the 1st to 3rd dilution generally gives prompt relief. In some organic diseases of the heart, such as hypertrophy with dilatation, and aortic obstruction—where there is severe pain in the cardiac region, with slow, small pulse, I have seen *kalmia* afford marked relief in two cases. In one of fatty degeneration of the heart, with attacks of angina pectoris, slow, feeble pulse, eructations of wind, dyspnœa and pain, this drug afforded relief several times when other medicines had failed.

In a patient suffering from gastralgia (for which I had been giving *dioscorea villosa*), where the pains were worse by sitting bent, yet a feeling as if to do so was necessary, but relieved by sitting or standing upright; a crampy kind of pain, with eructations of wind, palpitation of the heart, symptoms indicating *dioscorea*, *kalmia* of the 6th dilution had a marked beneficial action.

The cases of neuralgia in which I have seen it of service have been those in which, whilst the pain was very severe, unattended with much general or marked degeneration of health—except weakness—the pains have mostly been brought on by exposure to cold, occurring at irregular times, continuing for no definite period, coming suddenly or gradually, and leaving as uncertainly—worse by worry, by mental exertion, relieved by food. They have generally been felt on the right side of the head, ear and face, and even *going down* the arm, sometimes attended with numbness, or rather *succeeded* by numbness in the parts affected; the pains being of a sticking, tearing, pressing character, or shooting in a downward direction; there may be vertigo—worse on stooping or looking down, with flushing of the face. A severe case of neuralgia of the right arm I have recently treated successfully by this remedy. The lady had suffered for more than a month, and had been treated during

a week without benefit; the pains proceeded from the neck, which was tender to the touch, down the arm to the little and fourth finger; the pains were paroxysmal—worse in the early part of the night, and were attended with some amount of stiffness; there was a marked slowness of the pulse—only 48 beats per minute, but as that had existed for some years I had not, during the first week of treatment, taken it into account. After taking five or six single drop doses of *kalmia* 3 at intervals of four hours, she was much relieved, and at the end of forty-eight hours ceased to have pain. The *kalmia* was continued at increased intervals, and in the 6th potency for some weeks, when her pulse had attained the number of sixty-eight beats per minute, and she was in good health. It might be thought that this was a case of rheumatism, but there was no evidence that it was from any other symptoms. I nearly always give the 3rd potency in neuralgia. *Kalmia* has been recommended for syphilis, but no indications for its use have been given. I remember, however, that at least ten or twelve years ago a patient came to me suffering from chronic sore throat—with great dryness of the throat, *aching* pains in throat, the dryness causing frequent cough. I failed to relieve him as speedily as he desired, and he consulted another practitioner, who prescribed *kalmia* in the 6th dilution. This rapidly cured him. This gentleman has had a recurrence of the same affection of the throat twice, and each time was quickly cured by the same medicine. The only reason for the choice of the remedy that was volunteered to me by the physician was that my patient had suffered from syphilis. Whether there were other indications or not I do not know. Suffice it to say it was successful.

With regard to neuralgia, I would add that I have scarcely ever seen *kalmia* do good when the pains were located in the left side of the head or face.

Northampton.

REVIEWS.

A Manual of Therapeutics, according to the method of Hahnemann. By RICHARD HUGHES, L.R.C.P.E., Lecturer on Materia Medica and Therapeutics in the London School of Homœopathy. Second edition, mainly re-written. Part I.—

General Diseases, and Diseases of the Nervous System. Henry Turner & Co. 1877.

WE are glad to welcome the publication of the second edition of Dr. Hughes' work on Therapeutics. It requires and deserves more than such a passing notice as a second edition usually obtains, since it is, as the author tells us, mainly re-written, and its importance at present is considerable. We have long wanted a thoroughly good text-book on Therapeutics, or a systematic work on practice of medicine. Baehr's Therapeutics certainly supplies to some extent our previously existing need; but Dr. Hughes' aim, in the volume before us, of which this is the second edition, differs from that of Baehr. The latter aims at making a complete treatise not only on therapeutics, but also on pathology and symptomatology; while Dr. Hughes, writing for students and beginners in the study of homœopathy, takes for granted that his reader is already fully educated in the general principles of medicine, and has come to the study of homœopathy furnished with all the knowledge which is to be gained in the ordinary medical schools. He therefore does not encumber his pages with more pathology and symptomatology than he deems necessary to elucidate what he wishes to say in regard to the treatment of any given form of disease. His book is therefore precisely what it is entitled, a *manual*, to which the student can resort, and in which, without having to turn over a number of pages containing matter he is already familiar with, he can find exactly what he requires. A book of this kind is of great value for the very class for whom Dr. Hughes chiefly intends it, those, namely, who may not have time or inclination to study homœopathy in a systematic way before making a few trials of it. Such an one can, with the aid of a work of this kind, obtain such clear hints as to practice, and obtain so excellent results therefrom, as to induce him forthwith to make a thorough study of the whole subject, strengthened by what he has seen in his early experiments. In laying out his book on this plan, Dr. Hughes, very wisely we think, limits his therapeutical recommendations to a very few select and standard medicines, which in the majority of cases will be those most likely to be indicated; and this removes the obstacle or bugbear of a long alphabetical list of remedies for every disorder, out of which the student has to pick for himself the one that seems best suited to his case, a process which we feel sure has driven away in despair many an enquirer. It may be objected by some that upon a plan of this kind an author cannot give sufficiently minute symptomatology to be a reliable guide in practice. But Dr. Hughes does not intend his book to be a final work of reference. He means it to be regarded solely as an introduction to the study and practice of homœopathy, pointing out to the enquirer what medicines he ought to

study in any given case. He expects that his reader will in the first place study the *Pharmacodynamics*, and secondly, take this as his introduction to the more careful and minute investigation of the *Materia Medica* itself.

We think, therefore, that such a work as we are noticing supplies the enquirer with a very important aid, one which a mere repertory would not provide. Most of our converts have been made by their first of all testing some of the best known, most generally used, and most plainly indicated remedies, and having thus felt a sure footing so far, they have then proceeded to a more minute examination of other medicines.

Dr. Hughes retains in the present edition the original form of letters to a supposed friend, who is enquiring into homœopathy. The first three of these are introductory, and explain in a clear and interesting style the meaning and aim of homœopathy, the scope and value of the law of similars, with some valuable remarks on the dose and its repetition, on the change and alternation of medicines, on the use of auxiliaries, and on the general duties of the homœopathic physician, all of which are well-worthy of perusal.

Letters iv.—xiii. inclusive, are devoted to the consideration of "general diseases." These letters are excellent, and Dr. Hughes' recommendations may safely be regarded as such as may generally be relied on, and such as are commonly acted upon by the majority of homœopathic practitioners. If there is a fault to be found with Dr. Hughes' teaching of therapeutics, it is the too frequent quotations of observations and recommendations of individual authors. It is of course highly proper to notice such recommendations in a complete work of reference, but we trust our author will not think us hypercritical when we say that in one which aims at being only an introduction to homœopathic practice for the use of enquirers into the subject, the author's remarks would come with more weight, if on sufficient grounds of pathogenesis corrected by general experience, he stated clearly his own recommendations. We refrain from quoting any passage illustrative of what we mean, but such is the impression before our minds in looking through the book.

We observe, that when treating of typhoid fever, Dr. Hughes gives up the position that he with others held till now, that *baptisia* can abort a case of true typhoid fever. His remarks on this point are interesting.

When discussing syphilis, Dr. Hughes sets forth his views regarding the action of *mercury*, which we noticed when reviewing his *Pharmacodynamics*. We, therefore, refrain from entering on them further here, except simply to say that we cannot go along with him.

As we have already stated, the need which exists for a work

having the aim of this *Manual of Therapeutics* is great. It will materially aid beginners in the study of homœopathy, and we have, therefore, much pleasure in recommending it to such, feeling sure that they will derive great help from it, as an introduction to the full study of the homœopathic *Materia Medica*; while the already qualified homœopathic practitioner will find in it many points which he will read with interest and profit.

The Liver and its Diseases, both Functional and Organic. By W. MORGAN, M.D., &c. London Homœopathic Publishing Company. 1877; pp. 244.

THIS little volume gives, in a chatty, pleasing style, an outline of the functions of the liver, and of the pathology and treatment of those disorders to which it is most prone. Many persons are painfully conscious of possessing a liver, or at any rate generally trace to some disturbance of its functions the ill-health from which they suffer. Dr. Morgan has, in the pages of his little book, endeavoured to gratify the thirst for knowledge respecting their particular ailments such persons usually evince. So far as the brief examination we have alone been able to give to it, enables us to judge, the descriptions of disease are fairly accurate, and the treatment which is advised is, under skilful guidance, such as would probably prove useful. In some instances we observe that the doses Dr. Morgan recommends of certain medicines are unusually, and as our experience teaches us unnecessarily large, when the remedy prescribed is strictly homœopathic to the condition to be cured.

One feature in the book is somewhat novel. Dr. Morgan gives an outline, in considering the therapeutics of each disease, of the allopathic treatment ordinarily pursued. This, we think, is hardly required, unless it is desired to show what kind of drug-regimen is to be avoided. In discussing the homœopathic treatment Dr. Morgan would, in our opinion, have done better had he confined his attention to fewer drugs, and have given clearer indications for the choice of those few.

At the same time the book is interesting, and will doubtless be found useful in directing attention to the class of remedies from which the practitioner has to select when prescribing.

NOTABILIA.

PROPOSED RECONCILIATION BETWEEN HOMŒOPATHS AND NON-HOMŒOPATHS.

THE correspondence which has recently taken place regarding the professional relation subsisting between medical men who

acknowledge the truth of homœopathy as a therapeutic doctrine and those who do not, has excited such a large amount of interest, and may have still greater interest in the future, that its reproduction here in a connected form appears to us desirable.

The initiative was taken by Dr. W. B. RICHARDSON, or perhaps we should be more correct in saying by Dr. WYLD, who addressed a letter to Dr. RICHARDSON, the latter embodying it in the following article, which appeared in the *Lancet*, June 2, under the title, *The Homœopathic Schism* :—

“In the course of the past 27 years I have sat down more times than I can remember to write some paper—leader, review, or essay—for the *Lancet*. I have felt always a pleasure in these tasks, but never a sincerer pleasure than I experience at this moment in writing the present communication, and in sending with it the letter to which, and to the objects of which, I would especially ask the attention of the profession.

“The author of the letter is Dr. Wyld, the Vice-President of the society known as the British Homœopathic Society. I have known Dr. Wyld personally and by repute ever since I have been in London, and although differences of view on matters of medical science and art have separated us from all professional intercourse, I have always considered him a gentleman of extended knowledge, good taste, and truthful nature.

“The origin of this letter was in the following manner :—On the 11th of the present month Dr. Wyld called on me to express a wish that some steps might be devised to make up the breach that has so long existed between the members of his school of physic and the main body of the professors of medicine. I told him I had once before been honoured by a similar confidence, but feared that the division of opinion and practice was too wide and deep to allow of success to any such an important effort as he suggested. I explained that we who form the main body of physic were not likely to change our views in the slightest degree, and that I supposed there was among professed homœopaths no such modification of view in respect to the term homœopathy, and the rigid doctrine conveyed by the term as would lead to a healing action on their part. I also expressed that on the subject of infinitesimal doses and globules the difficulties of union between us seemed to be still insurmountable.

“In reply, Dr. Wyld explained his views with the most perfect candour, and with so much difference of expression from what I expected, that I asked him to be good enough to commit his views to writing. This request he has been so kind as to carry out in the letter already referred to, and which is herewith, with his permission, subjoined.

“ ‘ 12, Great Cumberland Place, May 25, 1877.

“ ‘ Dear Dr. Richardson,—With reference to the conversation I recently had with you concerning the advantages which might result if it were possible to abolish all sectarianism and its accompanying heart-burnings from the profession, I now, at your request, submit my views in writing, feeling convinced that you will in a friendly spirit give the subject your serious consideration.

“ ‘ In the first place I must state that Hahnemann, in 1806, published in the pages of *Hufeland's Journal* his essay, entitled *The Medicine of Experience*. In this essay no mention was made of homœopathy, and the doses he recommended were tangible, not infinitesimal. The violent opposition this essay met with from the profession induced Hufeland to decline further communications in his journal from Hahnemann; and the effect of this treatment was to drive Hahnemann deeper and deeper into his peculiar views, until at last in his old age he often expressed extreme and intolerant opinions regarding the profession generally, but especially in relation to the question of the dose. Unfortunately many of the converts to the new system imitated the master more in his intolerance than in his genius, and this naturally led to those reprisals on the part of orthodox medicine, which in this country culminated in 1851, when the British Medical Association met at Brighton, and passed a resolution that ‘It was derogatory to its members to hold any intercourse with homœopathsists.’ From that day we have been ostracised by the profession, and branded as aliens to whom no professional countenance could be shown.

“ ‘ Since 1851, however, great changes have occurred in this country on both sides of the medical question. Many men have risen in the ranks of medicine who have renounced all the heroics of the past in the treatment of acute disease, while the so-called homœopathsists have, on their side, almost entirely abandoned the use of globules, and have substituted doses in a tangible form, their rule for the dose being, in effect, to give a dose sufficiently large to effect its purpose, but not so large as to discomfort or weaken the patient. Further, we find that, whereas the early homœopathsist denounced all auxiliaries in the treatment of disease, it is now the practice to make frequent use of all remedies of a simple kind, such as occasional aperients, anodynes, opiates, anæsthetics, tonics, galvanism, hydropathy, Turkish baths, and mineral waters. In short, we define our practice as rational medicine, including the application of the law of contraries, but *plus* the application of the law of similars.

“ ‘ Beyond all question the abandonment of heroics on the one side, and the adoption of tangible remedies on the other side, has, to common observation, brought the two schools into a very

close juxta-position, and the question, therefore, presents itself, Can that ostracism which might by some be considered justifiable in 1851 hold good with any justice under the altered circumstances which now exist?

“‘To this question you may reply, “We do not ostracise you because you prescribe medicines according to a specific rule, nor because you prescribe them in an unusual form, but we deny you professional intercourse because you proclaim yourselves sectarians, and by means of books, journals, societies, and hospitals, advertise yourselves homœopathsists.”

“‘To this we answer, that we do not desire so to publish ourselves; we do not write homœopathsists on our door-plates; many of our best books eliminate the name of homœopathy from the title-page; and, as a recent example, a large number of our body have objected, in a memorial, to the title Homœopathic School.

“‘We say, Admit us on equal terms to your medical societies, and to the pages of your journals, and all sectarianism will begin from that day to decline; and this I believe will ultimately lead to the abandonment of all sectarian societies, journals, and hospitals. In a word, we demand the same liberty of opinion in medicine as in religion or politics, and an amalgamation with the great body of the profession on equal terms. If this were granted we can see solid advantages to the profession on all sides, an increase in the amenities and dignity of medical life, and a higher professional status for all in the estimation of the public.

“‘To recapitulate. We admit, first, that the views expressed by Hahnemann are often extravagant and incorrect. Secondly, that Hippocrates was right when he said, “Some diseases are best treated by similars, and some by contraries,” and therefore it is unwise and incorrect to assume the title homœopathist. Thirdly, that although many believe that the action of the infinitesimal in nature can be demonstrated, its use in medicine is practically, by a large number in this country, all but abandoned.

“‘On these grounds, and maintaining that we are legally qualified medical men and gentlemen, we claim the right of admission to your medical societies, and to professional intercourse with the entire medical body.

“‘In conclusion, I must beg to remark that, although this letter must be regarded as non-official, the sentiments it expresses are, I believe, held by a large number of our body.

“‘Believe me, yours sincerely,

“‘GEORGE WYLD, M.D.’

"To my mind this very important letter does, indeed, offer a means for bringing about a reconciliation which, presumably, few of us who have reached the middle period of medical life ever expected to see in our time.

"When from the ranks of those with whom we have been so long, and as I still believe righteously so long at variance, an acknowledged and respected leader steps boldly forward and tells us that he accepts what the Father of Medicine taught, the law and practice of treatment by contraries as well as by similars; that he practises by no special dogma, but by all rational methods; that he admits the use, in practice, of aperients, opiates, anæsthetics, and other instruments of cure in daily use by ourselves; that he acknowledges the progressive work of medicine as a whole, and makes that acknowledgment under a keen sense of the advantages which must ensue from the removal of the long standing schism in the medical fraternity—the act, as it seems to me, is so manly and so peace bearing, that it demands at least a truce for honest and hearty consideration.

"The additional fact stated, to us at least, for the first time, that many of the leading men of the so-called homœopathic school are anxious to give up, as a misleading title, the very term which has individualised them in the public eye, and to practise in a manner conformable with the wants and wishes of all rational practitioners of the healing art, is itself sufficient to demand from us a candid and just appreciation.

"My task is now done. I present it under a sense which I hope always animates me, that, come of it what may, its presentation is a duty. No one has waged war against homœopathy as a distinct practice more keenly or persistently or openly than I. No one has been more specially picked out for criticism by the homœopathic publicists than I. So much the more is it my duty respectfully to ask the brethren with whom it is my honoured privilege to live and labour, to accept this intended message of peace and goodwill in the spirit in which it is offered."

In the same number of the *Lancet* appeared the following commentary on this correspondence, bearing the title

"STRIKING THE FLAG.

"The remarkable letter addressed by Dr. Wyld to Dr. B. W. Richardson, which appears in another column, will be read with interest and satisfaction. The circumstances under which the correspondence arose were these: Dr. Wyld the vice-president of the British Homœopathic Society, recently expressed a wish to Dr. Richardson that some steps should be devised to make up the breach that has hitherto existed between homœopathsists

and the practitioners of rational medicine. Dr. Richardson, in reply, asked Dr Wyld to submit his terms in writing, so that he and the profession generally might better judge of the position which Dr. Wyld and those who think with him really occupy. In compliance with this request Dr. Wyld very candidly enunciated his views, with which, he informs us, a large number of his brethren agree. Although there is nothing new in the confessions which Dr. Wyld makes, it is gratifying to find one of the acknowledged heads of the homœopathic school in this country publicly renouncing every special homœopathic tenet, and peculiar modes of practice based thereon. We are told in the plainest terms that the homœopathists have discarded the belief in the efficacy of infinitesimal doses, and that they repudiate the so-called law, "*similia similibus curantur*," that in practice they prescribe drugs in tangible forms, employ auxiliaries, such as aperients, anodynes, anæsthetics, and all the other accessories of treatment, and do not hesitate to apply what is called the law of contraries. From this it follows that the only respect in which the majority of so-called homœopathists differ from the main body of the profession is, as we have again and again alleged, in the assumption of a particular name by which they proclaim themselves sectarians.

"We do not propose to discuss the question of homœopathy; indeed, to do so is unnecessary, since we are expressly told that it is extinct, nor do we desire to impede in the smallest degree the return of professed homœopathists to the ranks of legitimate practitioners; but we would remind all who call themselves homœopathists that nothing less than the most unreserved renunciation of all the dogmas of homœopathy, in name and in deed, can be accepted. Dr. Wyld's letter seems to imply that reconciliation may be brought about by mutual concessions. In this he is mistaken. The homœopathists have alienated themselves by professing to follow a system which is utterly devoid of any scientific foundation, and when strictly applied in practice, is ridiculous when not dangerous. If homœopathists would enter our societies, they must become practitioners of rational medicine, and openly and fully renounce their creed."

In the *Times* of the 4th ult. the following letter was published:—

"HOMŒOPATHY.

"To the Editor of the '*Times*.'"

"Sir,—The communication of Dr. W. B. Richardson to the *Lancet*, reprinted in your columns of this morning, is one of considerable interest. It is no less than an endeavour to re-unite the members of a profession which ought never to have been divided. It is a disgrace to the profession of medicine that a divergence of opinion on a question of therapeutic doctrine

should ever have formed a barrier to professional intercourse; that a large section of the profession should ever have endeavoured to stop all discussion of this doctrine is a grave reflection upon them. In proportion as this is so, is any attempt to destroy an apparent sectarianism laudable and desirable. Let but the obligation to promote freedom of thought, freedom of discussion, freedom of opinion, be recognised as being as paramount in the investigation of therapeutics, as it is admitted to be in every other department of science, and there will be no difficulty in accomplishing the proposed reunion. But so long as the fact that a physician who openly admits that his inquiries have led him to believe that, in a very large proportion of cases, medicines having a homœopathic relation to the disease to be treated do more good than others not possessing this quality, is regarded as excluding him from professional intercourse with those who think otherwise, as preventing his admission into medical societies, as justifying the refusal of his papers and essays by medical journals, as prohibiting medical publishers from publishing his works and medical journals from advertising them,—so long will this re-union be impossible. Remove these restrictions, and let practical evidence be afforded that they are removed, and the end desired by Dr. Wyld is accomplished.

"The *Lancet* published this evening, in commenting upon Dr. Wyld's letter, writes:—'Nothing less than the most unreserved renunciation of all the dogmas of homœopathy, in name and in deed, can be accepted.' The simple fact is, that by the most thoughtful and scientific physicians of the day 'all the dogmas of homœopathy' are, to a very large extent, practically accepted, taught, and acted upon. To renounce them would be to revert to the therapeutics of forty years ago. The mode of studying the actions of the medicines first promulgated to any considerable extent by Hahnemann is that now generally adopted. Two-thirds of the suggestions for using remedies in the most popular text-book on therapeutics are homœopathic. The dosage of such remedies is described as small in the extreme when compared with that formerly taught. These remedies are directed to be used singly, and not in combination with others. These are the 'dogmas of homœopathy,' and they are, I assert, taught in more than one London hospital at this hour. It is bigotry and intolerance that must be renounced, and their places supplied by courtesy and patient inquiry. Then, and not till then, will the profession be reunited. Then, and not till then, will the sick derive that full advantage from the entire field of therapeutics to which they are entitled.

"I am sir, your obedient Servant,

"ALFRED C. POPE, M.D., President (Elect)
"of the British Homœopathic Congress.

"2, Finsbury Circus, June 1."

Two days later the following contribution to the discussion was published in the same paper :—

“ HOMŒOPATHY.

“ *To the Editor of the ‘ Times.’*

“ Sir,—As a paragraph on homœopathy appeared in your issue of the 1st inst., from the pen of Dr. Richardson, in which was incorporated a letter from Dr. Wyld, you will deem it only fair that those who cannot go along with Dr. Wyld should have the opportunity of letting it be publicly known that, though Dr. Wyld is Vice-President of the British Homœopathic Society, and therefore might be naturally supposed to speak the sentiments of the homœopathic school, he does not by any means do so. We agree with Dr. Wyld in desiring union in the profession and the cessation of the illiberal spirit of opposition to those who are acting conscientiously, and who believe they are in the right. The position, however, which we take up, and are resolved to hold, is as follows :—

“ 1. We deny that we are sectarians, or have any wish to be so. On the contrary, we consider those to be the real sectarians who refuse to investigate the action of medicines according to the law of similars, and who ostracize those who, having done so, are satisfied that by this law they have the key to the true action of medicines.

“ 2 We believe that, being aware of the practical value of the knowledge of this guiding principle in therapeutics, we are in the forefront of science, and are the custodians of a great truth in medicine, and that, therefore, it would be morally wrong to agree to any basis of union with the old school, on which we are prevented in the smallest degree from acting up to our convictions and the result of our practical experience.

“ 3. The practice of the majority of homœopaths is not such as is described by Dr. Wyld. From his remarks one naturally infers that we employ the law of similars as only one, and by no means a prominent part of several various modes of treatment, in consequence of which to call our practice homœopathic is misleading. On the contrary, we wish it to be understood that, though, as physicians in the highest sense of the term, we are debarred from making use of no therapeutic measures which we think will be of service to our patient, yet for this very reason we prescribe medicines in the vast majority of cases on the homœopathic principle, and only use non-homœopathic treatment in exceptional cases, and rarely. Our practice, therefore, as distinguished from that of an “orthodox” allopath, is most appropriately termed homœopathic. The use of heat and cold in the form of fomentations, poultices, and baths is the common property of both schools, the only point wherein we differ being the internal administration of drugs.

"4. The infinitesimal dose is not abandoned. Although some medicines act better in what are called "tangible" doses, which to the allopathic mind are, however, minute doses, yet others act much better in that known as "infinitesimal" doses. We therefore make use of the whole range of dose from the "infinitesimal" to the "tangible," provided always that the latter is less than will cause any aggravation of the symptoms. We, therefore, disclaim Dr. Wyld's description of our practice and decline any terms of union, unless we join the general army of medicine with our colours flying, and with full liberty to maintain in every point our present belief and our practice in principle and in dose.

"We have maintained our position and our stand for what we believe to be the greatest truth ever discovered in therapeutics so long, that we can afford quietly to wait for—what is only a question of time—the full recognition of the great principle of which we are proud to be the custodians.

"I believe that in this letter I express the sentiments of the large majority of my homœopathic *confrères*.

"I am, &c.,

"D. DYCE BROWN, M.A., M.D., Member of the British
"Homœopathic Society; Physician to the London
"Homœopathic Hospital; Lecturer on the Principles
"and Practice of Medicine in the London School of
"Homœopathy; Joint-Editor of the *Monthly Homœo-
"pathic Review*.

"29, Seymour Street, Portman Square."

On the 9th Dr. Wyld wrote as follows:—

"To the Editor of the 'Times.'

"Sir,—I am most anxious that the great object I have in view should not be lost sight of in the midst of many words.

"My object is to make peace between contending medical factions. Both medical schools possess special knowledge, and the union of the two schools must produce a better medical school than either individually.

"Hippocrates, 2,400 years ago, taught that some diseases were best treated by similars and some by contraries. Hahnemann, about seventy years ago, taught that all diseases were best treated by similars and by infinitesimals.

"The 'orthodox medicine' of the present day has all but abandoned heroic treatment, and has begun to avail itself of many homœopathic remedies.

"The homœopathists are gradually retiring from the use of infinitesimals, and are gradually incorporating with their practice many 'orthodox' remedies.

"If so, it is manifest that the time has arrived for a conference between the opposing schools.

"Permit me to illustrate an eclectic medicine by a few instances.

"I believe that inflammation of the lungs, Asiatic cholera, and dysentery can be best treated by medicines given according to the homœopathic theory; but had I a case of agony produced by the passing of a stone from the gall bladder or the kidney I should use anæsthetics or opium. Had I a case of paralysis I should recommend skilful medical rubbing, or had I a case of chronic congestion of the liver I should prescribe Carlsbad waters.

"The eclecticism could be greatly extended, much to the advantage of the profession and the public, and if so it seems to me to be the duty of all medical men to assist in bringing together all special knowledge, so as, if possible, to build up a perfect system of medicine.

"GEORGE WYLD, M.D.

"12, Great Cumberland-place, Hyde Park."

In the *Lancet* of the same date, Dr. Wyld replied to the article of the previous week in a letter to the Editor:—

"STRIKING THE FLAG."

"To the Editor of the '*Lancet*.'"

"Sir,—I beg to thank you for having inserted my letter on the 2nd June in your pages, and for your flattering observations regarding myself.

"I trust, however, you will permit me to say that you have in your remarks, under the above heading, misunderstood the spirit and object of my letter.

"I do not disbelieve in the influence of the infinitesimal, nor do I abandon the application of the law of similars. On the contrary, I believe, with the chemists, that the one-millionth part of ammonia can be detected in a given quantity of water; and I believe with Spallanzani, that the millionth of a grain of frog sperm can impregnate the ovum.

"But while I believe in the action of infinitesimals in nature, I at the same time believe that palpable doses of medicine are generally more efficacious in the treatment of disease than infinitesimal doses; and further, seeing that Hahnemann's doctrine of infinitesimals has been the chief barrier to the investigation of the law of similars, I think it wise to abandon, as far as possible, their use in the treatment of disease.

"Further, in my letter, I hold, with Hippocrates, that some diseases are best treated by similars and some by contraries; and this being the case, I hold that those who so practise cannot correctly call themselves homœopaths.

"I do not in my letter surrender myself as a captive on unconditional terms, but I approach the profession as an ambassador offering peace on the basis of mutual respect and forbearance.

"I strike no flag and I surrender no principle; but I claim, as a legally qualified medical man and a gentleman, who desires to find and follow truth wherever he can discover it, and as one who assumes no distinctive name, a moral right of admission to your medical societies, and to unrestrained professional intercourse with the entire body of medicine.

"Yours sincerely,

GEORGE WYLD, M.D.

"Great Cumberland Place, June 4th, 1877."

Upon this communication the Editor makes the following remarks:—

"HOMŒOPATHY AND ITS PROFESSORS.

"The slight hope which we encouraged last week of the possible return of a few of the more enlightened homœopathists to rational and scientific medicine has been destroyed by a perusal of the homœopathic literature which has appeared during the week, and by the letters addressed to us by Dr. Wyld and other homœopathists.

"The letter which we publish this week from Dr. Wyld confirms our fears that the attempt to bridge over the gulf which exists between us and homœopathists must be indefinitely postponed, if not altogether given up. Last week we were told that 'so-called homœopathists have almost entirely abandoned the use of globules, and have substituted doses in a tangible form,' and that, 'whereas the homœopathists denounced all auxiliaries in the treatment of disease, it is now the practice to make frequent use of all remedies of a simple kind, such as occasional aperients, anodynes, opiates, anæsthetics, tonics, galvanism, hydropathy, Turkish baths, and mineral waters.' 'In short,' said Dr. Wyld, 'we define our practice as rational medicine, including the application of the law of contraries, but *plus* the application of the law of similars.' On the strength of these statements we did not hesitate to allege that the belief in the efficacy of infinitesimal doses had been discarded, and the so-called law of '*similia similibus curantur*' repudiated. This week Dr. Wyld affirms that we have misunderstood the spirit and object of his letter, and further states, 'I do not disbelieve in the influence of the infinitesimal (*sic*), nor do I abandon the application of the law of similars.' Unless this be a mere verbal quibble, we confess ourselves unable to reconcile the utterances of last week and this.

We referred to the efficacy of an infinitesimal *dose* (Hahnemann's best dose for all diseases was the decillionth of a grain, numerically expressed by the figure 1 with sixty 0's after it), but Dr. Wyld speaks of the influence of *the infinitesimal*, and appeals to Spallanzani's statement that the millionth of a grain of frog sperm can impregnate the ovum. We fail to discover any similarity between the action of an infinitesimal dose of a drug upon a diseased organism so vast and complicated as the human body, and the operation of a living sperm-cell placed under the most favourable conditions of vitality. Again, if professed homœopaths apply what they designate the so-called law of contraries in their practice, we maintain they have logically repudiated the law of similars. If they profess to believe '*contraria contrariis curantur*,' as well as '*similia similibus curantur*,' it is evident that they do not believe that diseases are to be cured only by similars, and we are justified in affirming that they repudiate the universality of the homœopathic doctrine. If, therefore, they still retain a name which perpetuates in the public mind an impression that they profess and practise strict homœopathy, or that their practice differs in any essential particular from that of ordinary medical practitioners, they cannot expect, much less claim, to be admitted into our medical societies, and to unrestrained professional intercourse.

"The professional amalgamation of homœopaths and the practitioners of rational medicine must be regarded for the present as impossible, unless, perchance, we are ready and willing to accept terms proposed by a writer in the last issue of the *Monthly Homœopathic Review*—namely, to abolish all sectarian names 'by the current adoption openly of homœopathy.'"

Among the Notices to Correspondents in the same number we find the following: "We have received several communications on the subject of homœopathy, and the alleged overtures of the professors of that 'system' to be recognised by the profession. Our correspondents advocate diverse views, but we cannot again open our columns to a discussion of homœopathy." So much for the boasted motto of the *Lancet*—"Audi alteram partem"!

The discussion has not been confined to the metropolitan or medical journals. The *Liverpool Daily Post* of June 5 contains the following "leader" to which Dr. Hayward replied in the letter which we append to it.—

"What is to become of Homœopathy? Is it to die out in name? If so will it survive in substance? Or is the correspondence lately published in the *Lancet* and the *Times* an unauthorised demonstration? And will globules and pilules hold their own, and like continue to be cured by like without the intrusion of con-

traries? Dr. B. W. Richardson is an allopath of eminence and celebrity who distinguishes himself with his pen as well as in practice. Ere now he has written severely and critically about homœopathy and homœopaths. But he is willing that qualified medical men who practise homœopathy should be recognised by those who adhere to the old system of medicine, upon certain terms, and those terms Dr. Wyld, speaking on behalf of the homœopaths, professes himself ready to accept. Dr. Wyld has eaten his leek, and seemed to enjoy it in an evidently 'arranged' letter to Dr. Richardson, which sets forth, first, that Hahnemann fell into considerable errors of exaggeration; secondly, that cures are sometimes effected by contraries as they are sometimes wrought by similars, from which it is admitted to follow that homœopathy is an improper term to use; and thirdly, that even infinitesimal doses have already been abandoned by homœopathic practitioners. There is hardly a statement here which will not pierce the very hearts of many devotees who, either as amateurs or as believing patients, have faithfully accepted the new system. Yet, according to the *Lancet*, the leek is not big enough, and ere the homœopaths are received they must unreservedly renounce all the dogmas of homœopathy. To this Dr. Pope, a homœopath of note, replies that the general profession has largely adopted those dogmas and Hahnemann's method of study, while two-thirds of the suggestions for using remedies in the most popular textbook on therapeutics are homœopathic. Ordinary on-lookers have been content to know that, either by mere coincidence or through the indirect operation of an extreme view, doctoring has become much less a matter of physicking since homœopathy came into vogue. In fact, they consider that homœopathy has fulfilled in medicine very much the function which Pre-Raffaellism played in art, and that having by their extravagances in the infinitesimal direction corrected an opposite vice to which the profession was prone, homœopaths will fall back comfortably into the ranks, as Mr. Millais and all but a few of the new school have done in painting. Such a result would not be acceptable, however, to the doughty partisans of the globules. They are still quite in earnest. Homœopathy was the first system of medicine to create private as distinguished from professional enthusiasm, and those who believe in it, though they will be quite willing to see their pundits honoured and 'met' by the regular medical profession, will be rather loth to see this accomplished at the price of a confession that between allopaths and homœopaths there is little to choose. What say our homœopaths? Has Dr. Wyld authority to speak in their name? And do they ratify what he has said for them? Is all the stiffness to be on the side of the allopaths, and all the submission to come from their unrecognised and tabooed but hitherto bold and confident homœopathic rivals?"

“WHAT SAY OUR HOMŒOPATHS ?

“*To the Editor of the ‘Daily Post.’*”

“Sir,—As one of ‘our homœopaths,’ please allow me to reply to the questions in your leader to-day containing the above sentence.

“You ask, ‘What is to become of homœopathy? Is it to die out in name? And if so, will it survive in substance? Do homœopaths ratify what Dr. Wyld has said for them?’

“At once, Sir, we admit that we do think that the name ‘homœopathy’ will ultimately disappear from the literature of our profession; in this country at all events, though perhaps not in America. This can, and will, however, only be by the adoption of the substance of homœopathy into ordinary medical practice; from which, in fact, it should never have been separated. The process of adoption is even now going on; and it is this, and almost this alone, that has produced the remarkable change in medical practice which is obvious to those of the public who can look back twenty or thirty years. Unfortunately, however, medical practitioners generally are afraid to own that such is the case for fear of excommunication and persecution. Even those (allopathic) practitioners who daily use medicines on the homœopathic principle (and they are many and amongst the best of the profession) have to explain the beneficial effects on some other hypothesis, and to inveigh against homœopathy for fear of being turned out of their professional chairs and hospital appointments. They dare not confess the truth, and so they escape persecution. It is only those who are honest enough openly to admit that there is truth in the law of similars that are the excommunicated and persecuted few. Even those who only propose to examine into the truth or falsehood of the law of similars, or to discuss it in the medical societies, bring down upon their devoted heads the anathemas and persecutions of the narrow-minded bigots of the profession, which, unfortunately, are the majority and in power, as even Dr. Richardson will, I fear, soon find out to his cost.

“To a certain extent we are prepared to accept Dr. Wyld’s statement of our case; but to a certain extent only. From his letter it might be concluded that we use the means of the ordinary practice, with homœopathy in addition; but this is not the case. On the contrary, we place all other means in quite a subordinate position. Our general practice is in accordance with the law of similars, but we take advantage of every other known means of cure or help whenever and wherever we think necessary or wise, or good for our patients. Dr. Wyld’s picture of practice is quite true of those who secretly filch from homœopathy, whilst they openly decry it. They do follow ordinary practice, *plus*

homœopathy ; on the contrary, we practice homœopathy, *plus* all other known means ; and we use the homœopathic and all other means in any way, in any preparation, and in any dose that experience shows is best for our patients. This is our practice, and must always be so, and will always be so. We have no leek to eat ; we have done no wrong, and have no confession or repentance to make, and will make none. If ever accorded our rightful place in the profession, we have nothing to give up and nothing to alter. We have simply to drop the name and refuse to be called homœopaths. This, indeed, we are ready to do at once—the moment we are ceased to be persecuted. The great majority of us have no wish for a distinctive name ; indeed we protest against it ; it has been forced upon us by persecution and tyranny. Let the excommunication that has been launched against us be withdrawn ; let the doors of our profession's societies be re-opened to us ; let the medical journals admit our communications, and the societies be open to our papers and discussions ; and there will be no necessity for separate societies, or journals, or names, and they will cease to exist or be used.

“ If it is allowable for Drs. Ringer, Phillips, and others to practise with the ordinary means, *plus* homœopathic medicines, it is surely allowable for us to practise with medicines homœopathic to the disease, *plus* the ordinary means. We claim the liberty to do so, and we will not be satisfied with anything less. This is all we have ever claimed ; but it is what we shall for ever claim, whether we cease to be persecuted or not.

“ We must protest, too, against the assertion of Dr. Wyld that any such change as he states has taken place since 1851, for these same opinions have ever been held by us, and more or less, by the majority of those professing to practise homœopathically since about ten years before Hahnemann's death. It is true certain hypotheses and extravagant exaggerations have been mixed up by Hahnemann and some of his followers with the truth ; but these have always been protested against by the majority. These are, however, the very points that have been persistently taken advantage of as the cardinal doctrines of homœopathy by its opponents, who use them as a pretext for the refusal to examine into its real claims, and for the persecution of those who do so. This may have been in ignorance by some, but we fear by others knowingly and of malice.

“ Yours, &c.,

“ JOHN W. HAYWARD, M.D

“ Grove Street, June 5, 1877.”

Apropos of Dr. Wyld's second letter to the *Times*, the *British Medical Journal* of the 16th ult. says :—"The not very wise correspondence initiated between Dr. Wyld and Dr. Richardson, to which so much ill-judged prominence has been given, has terminated appropriately enough in broad farce." After quoting Dr. Wyld's remarks the Editor adds—"So, too, there are some complaints, for which Dr. Wyld would possibly employ spiritualistic guidance, and others for which he might use mesmeric divination. He has omitted from his list the use of galvanic tractors, electric baths, magneto-curative belts, Holloway's ointment, and Morison's pills, which, to make his system complete, he certainly ought to have included in his new character as an 'eclectic physician.'"

The following correspondence is interesting as showing the various ways in which medical men who are more or less ignorant of homœopathy regard it. It appears in the *British Medical Journal*, June 9 and 16.

"THE HOMŒOPATHIC SCHISM.

"Sir,—The forthcoming meeting of the British Medical Association in Manchester affords such an opportunity of holding out a hand of reconciliation to the homœopathic practitioners that, for some months past, I have debated whether or not to solicit the general feeling of the profession on the subject. The matter might, and probably would, have remained a mere thought, had it not been for Dr. Richardson's communication, enclosing Dr. Wyld's letter, in last week's *Lancet*. The frank and manly tone of Dr. Wyld's letter encourages me now to hope, more strongly than ever, that this reconciliation may, after all, be effected, and without any sacrifice of principle on our part. Homœopathy is understood to mean the doctrine that 'like cures like,' including, as a lesser law, the doctrine of the infinitesimal dose. It appears from Dr. Wyld's letter, that both these dogmas are now abandoned; and when we further learn that homœopaths decri the very name of homœopathy, we may for a moment wonder why their Ishmael-like condition continues, and whether we have any right longer to exclude them from our societies and our consultations. The fact is, however, that something peculiar does cling to them still; and that, in their *materia medica*, and their method of administering certain drugs, we find distinctive features; but I think, in reference to this point, it may be affirmed, in the first place, that their crotchets are not a jot more objectionable than crotchets held by many of our own body as to the *modus operandi*, the dose, and the use of remedies; and secondly, it may be fairly argued that, in such works as those of Dr. Sydney Ringer and Dr. Charles Phillips,

we cannot fail to see how largely beneficial an extensive knowledge of the homœopathic *Pharmacopœia* has been to us.

"In thus urging, with Dr. Richardson, the burial of the hatchet, no one can accuse me any more than him of homœopathic proclivities. I have written against the fatuity of their pseudo-laws more than once, and have been singled out by the homœopathic press for special vituperation; but if their leaders, like Dr. Wyld, publicly announce that they have abandoned their doctrines, that they have practically struck their flag, I think it ill becomes us to maintain the feud, or, by a paltry jealousy, to continue to exclude from our discussions a body of gentlemen educated on the same lines with ourselves.

"May I then hope, Sir, to gather the feeling of the leaders of our profession upon this momentous question, in order that, if it be favourable to a reconciliation with that moderate party represented by Dr. Wyld, we may extend our invitation to them to our annual gathering, and then finally extinguish the bitterness of the discussions which have separated us for so many years.—I am, Sir, yours, etc.,

"Manchester, June 5th, 1877."

"S. M. BRADLEY.

"SIR,—I confess that I read with some surprise Mr. Bradley's letter on this subject in your last issue. He broaches the proposal that the members of what he calls the "moderate" party of homœopathic practitioners may, perhaps, be included in the invitation to the forthcoming annual meeting of the Association. It does not appear very clear through whom he would propose that such invitations be issued; but I venture to think that, if the local committee or other officials took it upon themselves to perform this act of kindness, they would be wise to keep the matter a profound secret until the meeting shall be over.

"It is a very curious circumstance that every now and again we meet with men who can scarce understand why this old-standing homœopathic feud should exist, and who appear extremely solicitous that matters should be made up. But we all know that the tenets of homœopathy are the most arrant nonsense that ever was uttered; and, if a man deliberately announce himself to be a professor of this nonsense, one of two conclusions must be drawn concerning him. The profession did well to protest against this folly, and to protect itself from any association with it. It becomes a hundred times worse, however, if, as we hear now, there is a party among the ranks of homœopathy who profess what they do not practise. Why do these still style themselves homœopaths? Evidently it suits their purpose to do so; but then ———. Again the profession does right to say No.

"To my mind, Sir, the position we have taken up is unassailable. There is, besides, not the slightest call for the shilly-shally mode of dealing with this pretence which we hear too much of at the present time. We profess to treat diseases by whatever means experience tells us we may best succeed, knowing sadly too little of physiological and pathological processes to care one jot about that old woman's foible similars and dissimilars. Let those who practise them say so; but let them not tell the public something else, and we shall receive them with open arms."—Yours, etc.,

"Manchester, June 11th, 1877."

"JAMES HARDIE."

"Sir,—I have been so frequently asked the meaning of the letter with the above heading which appeared in your last week's issue, that I am constrained to ask for the insertion of the following brief explanations.

"Although it is difficult to understand the logic of the process, there can be no doubt that many homœopaths of the present day believe both in the law of similars and in the law of contraries; there can be equally little doubt that the practice of such believers will differ little, if at all, from the practice of the genuine Hippocratic disciples; and it seems irrational to exclude such men from our consultations and discussions for simply having a little more faith than some others. Indeed, this conduct seems even ridiculous when we reflect that to many of us the term "allopath" is as unsavoury as that of "homœopath." Many quite orthodox practitioners disbelieve in the law of contraries as strongly as in the law of similars, and are of opinion that, if there be a law underlying the one or other, or both, we have yet to discover it; that, in both cases, there are nothing but superficial likenesses or contraries on which the so-called laws are based, yet it is never suggested that such men should not themselves be met, on account of their scepticism, or that they should refuse to meet any strictly credulous allopathist. Homœopathy has probably as much to recommend it as allopathy on the ground of ratiocination; neither the one nor the other is anything but a meaningless term; and, this being so, should not we, the followers of rational medicine, rejoice to note a return to reason on the part of one section of those who have gone astray? It is those who either abandon the doctrine of the law of similars, or, like Dr. Wyld, who, while clinging to it, embrace at the same time the allopathic dogma of contraries, that I felt we might approach, and perhaps invite to our annual gathering, indifferent whether they retained the name of homœopath or not, I cannot but feel that, if we refuse to accept the effort at reconciliation now afforded, we are ourselves becoming the stupid party who pin their faith

to old cranks, like *causa sublata tollitur effectus* or *contraria contrariis curantur*, and by so doing, make way for the more rational members of homœopathy, who by and by will, doubtless, abandon all belief in such pseudo-medical laws, along with their own silly crotchets, and trust alone to the light of reason and experience, waiting for a riper time to enunciate a truer law.—I am, sir, etc.,

“Manchester, June 12th, 1877.”

“S. M. BRADLEY.

In some other newspapers letters have appeared on this subject. In the *Western Mercury* and *Malvern News* Mr. Frederick Smith published lengthy articles, in which he vindicated the memory of Hahnemann, and established by the clearest evidence that it was by the allopathic medical press and societies that the feud which has arisen was created. He also pointed out that the principle of homœopathy and the small dose were still, as they ever have been, relied upon by homœopathic practitioners in the treatment of disease.

LONDON HOMŒOPATHIC HOSPITAL.

A SPECIAL MEETING of the Governors and Subscribers of this Institution was held on Thursday afternoon, the 19th ult., at the Hospital, for the purpose of confirming a change in the investment of a portion of the Hospital property. JOHN BOODLE, Esq., Deputy-Chairman, in the absence from illness of Lord Ebury, occupied the chair.

The following statement was submitted to the meeting :—

The object of the meeting is to authorise the trustees to transfer a part of the reserve fund of the Hospital, at present invested in Consols and New Three per Cents., to investments consisting of—

(1.) Additions and improvements to the Hospital building and its appointments.

(2.) A new structure for the accommodation of the School of Homœopathy, and for the development of the Training School for Nurses.

(3.) The furniture and fittings for these purposes.

(4.) The freehold property adjoining the Hospital, being No. 1, Powis Place.

The work thus sketched began in 1876, and is still in progress.

1. The improvements during 1876 consisted of an addition to the building, affording much needed sanitary advantages, and some very important and indispensable repairs, amounting in total to..... £878 0 0

2. The new structure, added in 1877, forms an entirely additional section to the building, affording (a) accommodation for the School of

Brought forward	...	...	...	£378	0	0
Homœopathy, (b) for an increased staff of trained nurses, and (c) for a new operating theatre. The cost, including some internal repairs, in every way necessary, is estimated at	.....			800	0	0
8. The additions to the Hospital furniture during 1876 being of a substantial character (amounting to £69) have been placed to the investments account, and a further sum necessary for investment in a similar way, for the proper equipment of the new section of the building, will, together, make a total of				200	0	0
4. The cost of the freehold property, No. 1, Powis Place, adjoining the Hospital building, the acquisition of which will make available for the future development of the Hospital a space much greater than the mere space occupied by the house, and which will pay a fair dividend until the time arrives when it can be used in the Hospital work, is estimated, including law charges, at	.....			1,650	0	0
Making a grand total of	.....			£3,028	0	0

It should be remembered that of this grand total (£3,028), the sum of £1,378 goes for additions and permanent improvements to the Hospital building, thus increasing its value as a property, and the remainder £1,650 goes for the purchase of freehold property paying an annual rental.

II.—Of this amount (£3,028), the sum of £880, being legacies received since January, 1876, up to the present date, has already been borrowed of the trustees, and invested in the additions and improvements enumerated, leaving a balance of £2,140 now required. The authority to invest the £888, and to transfer the sum of £2,140 from the Government Stock to the investments now detailed, is sought from the governors and subscribers to-day.

The present invested funds, consisting of Consols, New Three per Cents., and Great Indian, amount to £9,500. The transference desired will, therefore, leave invested in Stock the sum of £7,860

III.—It may be proper to explain that these improvements and investments have been proposed, and partly carried out, with a constant view to advancing, in a marked degree, the pecuniary interests and prospects of the charity. Accordingly they are calculated to yield monetary results as follows:—

1. The total outlay for the accommodation of the School of Homœopathy has been £250, expended in the construction of a lecture room, for the use of which the School will pay an annual rent of £50.

2. The total outlay for the development of the Institute for Training Nurses, and sending them to nurse the wealthy sick at their residences, will, when all necessary provision is completed, be about £550. It is estimated that £60 per annum must be added for wages. Then, from calculations based on the present receipts from the existing small staff of trained nurses, the annual income in respect of this outlay is estimated at £200.

8. The outlay for the acquisition of No. 1, Powis Place, will be £1,600, including law charges probably £1,650. The property will yield, as before intimated, an annual rental of £60, until it can be more profitably used for the general purposes of the Hospital.

A resolution adopting these proposals, and authorising the Board to effect the contemplated changes, having been proposed and seconded, a protest against the change was read from Dr. QUIN. It was also opposed by Drs. DRURY, M'KECHNIE, and CARFRAE. The resolution having been put to the meeting, and declared by the Chairman to have been carried, Dr. DRURY, on behalf of Dr. QUIN, demanded a poll. This proceeding, we are fain to believe, was due to Dr. Quin's absence from the meeting, and his ignorance of the foregoing statement. For had he been acquainted with a proposal so manifestly favourable to the financial prospects of the Hospital, involving, as it does, an addition to the income of the Hospital of more than £200 per annum, we feel persuaded that he would not have offered any opposition to the carefully matured measures of the Board.

ON THE HYGIENE OF BOARDING SCHOOLS.

On the evening of the 31st of May, Dr. ROTH, of London, delivered a Lecture, at the request of the Brighton Association of Schoolmistresses, on *Hygiene and Physical Education of Girls in Private Boarding Schools*, in the Pavilion of that town.

The following abstract of a lecture on so important a subject by so competent an authority will interest our readers.

Dr. ROTH said he had been requested by one of the members of the Association to address them that evening, and that would be his apology for meeting a number of schoolmistresses, who he considered the most important and useful members of society, because they had the sacred mission of forming the raw material of girls into the right shape, and of developing harmoniously all the physical, intellectual, and moral faculties of the wives and mothers of the next generation, whose well-being and happiness depends upon the education they had received. It was his firm conviction that they were not born to be ill, sickly, and a constant burden to themselves and others, but to be healthy, happy, and to be able to do their duty in those positions in which they were placed by Providence. Since body and mind were inti-

mately connected and could not be separated in practice, it would be easily understood that physical degradation and intellectual and moral deficiency go hand in hand. The destiny of a girl was to be a wife and a mother, therefore her physical education was more important than that of man. A good physical education strengthened the body, prevented many diseases, gave to the various organs greater aptitude for the execution of their functions and of the movements commanded by their wants—hence the mind was better able to control the body, and the body enabled to obey the will. Physical education had been greatly neglected, more especially in boarding schools, and without a good physical education the moral education could not be complete. The science which taught them to preserve health was hygiene. There was a public hygiene which removed all causes of disease to which communities were exposed, but there was a private hygiene relating to each house and individual. School hygiene was indispensable to education. Although hygiene was very useful to everybody, it was of greater importance to schoolmistresses, whose first and most necessary quality was to be healthy. In order to give them an idea of the indispensable conditions of health, Dr. Roth referred to some of the most important functions of the body, and mentioned incidentally that some years ago a Mr. Nunn, a very good surgeon, took the trouble to establish a sanitary museum in Brighton, but the authorities found it desirable not to have such a museum, and abolished it, giving place rather to all kinds of birds and insects, while man was neglected. With regard to the hygiene of boarding schools, Dr. Roth went on to say that in order to live healthily a sufficient quantity of good air was necessary in every schoolroom. The first to interfere with that desirable principle was the architect; secondly the manufacturer of the chairs and desks, which were such as to produce physical malformation in the pupils in pursuing their studies; and thirdly, dress, which according to present fashion pinched in the form where freedom was required. The greatest importance was to be attached to the arrangements of bedrooms in a school. It was desirable that every girl should have her own room, and it should contain at least 800 cubic feet of space, with a good ventilation. There should be good lavatories, with separate appliances for each girl, and a bath room—not merely a hip-bath—was desirable in every school. In the dining room it was not only necessary to pay attention to the seats, but there should be good ventilation, and the room could also serve as an exercise room when the table was removed. The most important point was the schoolroom. The windows should be always on the left side of the pupil, or else the room should be lighted by a skylight,

because if the windows were on the right they would throw the pupil's shadow on her work. There were a number of other circumstances which affected the eye in the schoolroom, but that was a subject that required a separate lecture. The walls should not be papered, because the paper took up all the poisoned gas, therefore it was much better to have whitewashed walls. There should be a room at the top of the house to be used as a sick room, and there were a number of other minor things that would require a separate lecture. He came now to another subject—the development of the physical education. A system which had been used for some time was Ling's rational system of gymnastics. One part related to education, another to military purposes, another to the applications of actions to ideas. There they had the advantage of a system to develop every part of the body without a machine. The authorities now were the drilling master, the teacher of calisthenics, and the dancing master and teacher of deportment. After referring to the different means devised by fashionable milliners to remedy deformities, such as stooping shoulders and curved spines, in women, and which he characterised as useless, as they only removed the deformity from one part to another, the lecturer concluded by saying that he wished to call their attention to some subjects which were of the greatest value to the older girls, with whom perhaps they had much difficulty. They should teach them not only the laws of, but likewise their duty as regards health; not to marry dissipated, drunken men, nor men in consumption, as by doing so they only brought misery instead of happiness. He advised them to speak to them of the grief caused by sickness and loss of children, and if they carried out these suggestions, he was sure they would experience the pleasure of knowing that they had done much good for many families. During the course of the lecture a number of interesting diagrams, models, &c., were exhibited and explained.—A hearty vote of thanks was accorded the lecturer, who suitably acknowledged them, and the meeting separated.

THE VALUE OF VACCINATION.

THE following statistics of deaths from small-pox in one of the poorest parishes in the metropolis, viz., St Luke's—which extend over a period of fourteen years, and embrace times both anterior and subsequent to the passing of the Compulsory Vaccination Acts, have been prepared by Mr. Neighbour, the Sanitary officer for the district, and convey much information as to the effect of compulsory vaccination in the parish. The number of deaths which occurred from smallpox during the years 1868 to 1866, both

inclusive averaged 146 per annum. In 1867 a compulsory clause to some extent was added to the previous bill, and from that time up to and including 1870 the death-rate fell down to an average of 52 per annum. In 1871, the year of the small-pox epidemic when an Act of Parliament was passed making vaccination absolutely compulsory under penal consequences, the number of deaths for the year amounted to 504; but in 1873, when the Act had been in operation for twelve months, the number again fell down to 52; and since then, in the succeeding years of 1873-4-5-6. there has absolutely not been one death from small-pox in the entire parish. Up to the present time in the current year there has been one death, that of a child, and it is a moot point whether it was death from small pox or suppressed measles.—*Liverpool Daily Post*, June 18, 1877.

CORRECTION IN ALLEN'S MATERIA MEDICA.

Dr. BERRIDGE writes to us that "The 14th proving of *Iodum* (vol. 5, p. 119) is attributed to Dr. C. Mohr, and is quoted from the *American Journal of Homœopathic Materia Medica*, vol. 8, p. 878. The proving really belongs to *Indium*, not *Iodum*."

We understand that Dr. Allen has already noted the error alluded to by Dr. Berridge, and that a note intimating it has been sent to all subscribers.

THE LONDON SCHOOL OF HOMŒOPATHY.

52, GREAT ORMOND STREET, W.C.

Amount already acknowledged, £9,446 17s. 0d.

New Medical Governors in addition to those announced last month.

A. C. Chalmers, Esq., M.D. £5 0 0 | *W. J. Hardy, Esq., M.D. £1 1 0

New Subscriptions and Donations.

The Right Hon. Lord				Miss M. Hargreaves (per			
Borthwick	£10	10	0	Dr. Pope)	£3	0	0
*Mrs. Adams	1	0	0	*The Misses Millett	2	2	0
*Mrs. E. B. Austie	1	1	0	A Friend (per Dr. Hughes	2	2	0
Lt.-Col. Black	1	1	0	*A Friend from Canada	1	1	0
Miss Hargreaves (per Dr.				*Mrs. E. Rushton	2	2	0
Pope)	5	0	0	Mrs. H. Trueman (per Dr. Pope)	5	0	0

* Indicates annual subscriptions.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, to Dr. BAYES, Hon. Sec., or to

July, 1877.

FRED. MAYCOCK, *Secretary.*

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending June 21st, gives the following statistics :—

Remaining in Hospital May 16th, 1877	54
Admitted between that date and June 21st.....	54
	—
	108
Discharged between May 16th and June 21st ...	51
	—
Remaining in Hospital, June 21st, 1877	57
	—
The number of New Out-Patients during the above time has been	552
The total number of Out-Patients' attendances for the same period has been	1,681

CORRESPONDENCE.

THE WYLD—RICHARDSON PROPOSAL.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Lest your readers should think that no corporate action was intended to deliver those practising homœopathy from the compromising position in which they have been placed by Dr. Wyld's recent action, I would ask you to allow me to state in your pages that a series of resolutions have been brought before the British Homœopathic Society, expressing the unabated confidence of its members in the principles of our system, and their repudiation of the abandonment of our position which seems to have been made. These resolutions cannot be discussed and voted on till the Annual Assembly of the Society, held on the 27th and 28th inst. ; but I hope to be able to send them to you, as adopted, for your August issue.

I am, Gentlemen,

Faithfully yours,

RICHARD HUGHES.

9, Victoria Chambers, Westminster,
June 18, 1877.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—You will doubtless be receiving several letters on the subject of Dr. Wyld's letter to Dr. Richardson, whose appearance in the *Lancet* and the *Times* has attracted so much attention. My only object is to point out the incorrectness of the statement regarding Hahnemann, with which Dr. Wyld commences his letter, and from which he deduces no unimportant

consequences. It is as follows: "In the first place I must state that Hahnemann in 1806 published in the pages of *Hufeland's Journal* his essay entitled 'The Medicine of Experience.' In this essay no mention was made of homœopathy, and the doses he recommended were tangible, not infinitesimal. The violent opposition this essay met with from the profession induced Hufeland to decline further communications in his journal from Hahnemann; and the effect of this treatment was to drive Hahnemann deeper and deeper into his peculiar views." I need not quote any more. It is the passage I have italicized whose correctness I must impugn, and with it fall all conclusions drawn from it.

If by "no mention of homœopathy" being made in the "Medicine of Experience" Dr. Wyld means that the word does not occur, this is true enough. Hahnemann had not yet coined it to express the treatment of disease by similarly-acting medicines. But the *method* it was subsequently used to designate is fully set forth in this essay, and its superiority to every other kind of application of drugs advocated in unflinching terms. Dr. Wyld is wrong, however, in letter as well as in spirit, when he says that "the doses recommended here are tangible, not infinitesimal." In the earlier part of the essay, the only allusion to the point is contained in the words, "for a curative purpose incredibly small doses suffice" (p. 518 of Dudgeon's translation of Hahnemann's lesser writings). But later on we come to the special discussion of the subject, inaugurated with the sentence—"When the remedy has been discovered by this mode of procedure, so conformable to nature," *i.e.*, by following the principle *similia similibus*, "there still remains an important point, namely, the determination of the dose." Hahnemann first argues the necessity of small doses for the sake of avoiding excessive re-action; but as he only instances heat and cold, and alcoholic stimulants, we do not arrive at his ideas of how small these should be. In the next section, however, he makes the point of the increased sensitiveness to medicinal impressions induced by disease. And here we read:—"An insensible, prostrated, comatose typhus patient, unroused by any shaking, deaf to all calling, will be rapidly restored to consciousness by the smallest dose of opium, were it a million times smaller than any mortal ever yet prescribed." He then infers the small dose from the dynamic nature of the action of drugs; and speaks here of the "smallest possible dose" being efficacious, of its being "of little, almost of no importance how small the dose is," of "the hundredth, or even the thousandth part" of a dose already "small" answering almost equally well, and of "carrying the diminution of the dose much further without the excessively minute dose ceasing to produce the same curative result as the first." Now what Hahnemann's readers would understand him

to mean by these "smallest possible doses" is evident from what he had previously written on the subject. In 1801 he had published his pamphlet on the "Cure and Prevention of Scarlet Fever," in which he recommends *opium* to be given in one or two drop doses of a tincture "containing in every drop one five-millionth part of a grain," and *belladonna* and *chamomilla* in similar doses—all, that is, in what was subsequently called the third centesimal dilution. He had subsequently published, in *Hufeland's Journal*, a reply to the question suggested by these very recommendations, in which he repeats his statement of the sufficiency for cure of quantities ranging from the hundred-thousandth to the millionth of a grain.

Hahnemann's rejection by the profession, therefore, was from the first connected with the infinitesimal dose, as the ostracism of his disciples continues to be to the present day. If we are to follow Dr. Wyld's lead, it must be by giving up this element in homœopathic practice, and admitting that its introduction was a mistake from the beginning. Before we do this, I think it will be well to count the cost.

I am, Gentlemen,
Your obedient Servant,
STUDENS.

"THE HOMŒOPATHIC SCHISM."

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have read with the greatest interest the article from the *Lancet* on Homœopathy, by Dr. Richardson, which is reprinted in the columns of the *Times* of to-day. To many of us who are not medical men, but who are interested, both theoretically and practically, in the progress of a true medical science, the attitude of the orthodox school of practitioners towards their homœopathic brethren has long seemed utterly indefensible, and if Dr. Richardson's letter does anything to break down the *odium medicum*, often as unreasoning and bigoted as the *odium theologicum*, he will deserve the thanks of all to whom, like myself, the superior efficacy of the homœopathic treatment of disease is no longer a matter of faith, but of knowledge.

But to accomplish this desirable result it will not do for the confessions of error to be all on one side, and yet, unless I have misread entirely Dr. Richardson's letter, this is what it amounts to. He says that in his conversation with Dr. Wyld he told him that "we, who form the main body of physic, were not likely to change our views in the slightest degree;" and he says this in face of the notorious fact that the views of the entire medical profession have not only been changed, but revolutionised, during

the past twenty-five years, and that at this moment the most popular book on therapeutics is written by a Professor in a metropolitan hospital, who not only adopts in a great number of diseases the remedies which for more than 50 years have been used, and used solely, by homoeopaths in their treatment of those diseases, but who actually advocates in many instances a dose so small that he feels it necessary to answer the objection that so minute a dose is little better than simple water, by replying that anyhow simple water does not cure as such a medicine in such a dose does. Dr. Richardson also says he told Dr. Wyld that he "feared that the division of opinion and practice was too wide and deep to allow of success to any such important effort as he suggested." This depends entirely on what Dr. Richardson means by "opinion and practice." If he means opinion and practice as to the discovery and diagnosis of disease, then there is no division whatever between homoeopaths and allopaths. Both schools adopt the same methods, use the same instruments for the detection of disease, and are one in all the main principles of pathology. But if he means division of opinion and practice as to the kind and amount of remedies to be used in dealing with disease, then I will venture to say that there is not more real scientific difference between homoeopaths and allopaths than is found between two allopathic practitioners who have received their education at two different medical schools in London or elsewhere. But, Sir, I am not anxious to prolong this warfare between those who ought never to have been separated. By all means let the tomahawk be buried; by all means let homoeopaths confess where they have been wrong in the past, whether in the excessive minuteness of the dose or in the too rigid application of the law of similars to all forms of disease; but then let our allopathic brethren go and do likewise, and by mutual acknowledgments of error, and mutual acceptance of such truth as the opposing school may possess, we may hope for a new and honourable amity between the two branches of the profession to be brought about.

At present, with whatever good intentions, Dr. Richardson's article appears to me to savour too much of the attitude taken by the Roman Catholic Church to those members of the Anglican communion who desire to be at peace with her. "Peace, yes, but on condition you acknowledge your error and our infallibility."

I am, Sir,

Your faithful servant,

GEORGE S. BONETT.

Thorpe Hamlet, Norwich,

June 1, 1877.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

The Hon. Warren Vernon has written to us complaining of our imperfect report of his speech at the Meeting of the Hospital Governors in April. The report generally was very inefficiently done, and we much fear that Mr. Vernon is not the only speaker who might find cause for grumbling. So far as we can understand from the letter he has addressed to us, he wishes it to be known that he objected to the Official Manager having a seat on the Board—not to his being paid. He objected to medical men still in practice being members of the Board, and expressed his regret at the alienation from the Hospital, not only of Dr. Quin and Dr. Hamilton, but of Mr. Cameron.

Communications, &c., have been received from Dr. Bayes. Dr. Roth, Capt. Maycock, Dr. Wyld, Dr. Drury, Dr. Hughes, Dr. Morrisson, Dr. Berridge (London), Dr. Gibbs Blake (Birmingham), Dr. Clifton (Northampton), Dr. Hayward (Liverpool), Dr. Drummond (Manchester), &c.

BOOKS RECEIVED.

Eruptive Fevers: Scarlet Fever, Measles, Small Pox, &c. Being a course of lectures on the Exanthemata delivered at the London Homœopathic Hospital by W. V. DRURY, M.D. London. E. Gould & Son, Moorgate Street. 1877.

Diabetes Mellitus: Its History, &c. By W. MORGAN, M.D. London Homœopathic Publishing Company. 1877.

Whose Dog is it? or, the Story of Poor Gyp. London. Partridge & Co. *The Homœopathic World.* June.

Annual Report of the Bath Homœopathic Hospital. 1876.

Calcutta Journal of Medicine. Nov., 1876.

The Chemist and Druggist. June, 1877. London.

The New England Medical Gazette. June. Boston.

Hahnemannian Monthly. Philadelphia. May.

The U.S. Medical Investigator. May and June. Chicago.

The Cincinnati Medical Advance. May and June. Cincinnati.

The Homœopathic Times. June. New York.

Hahnemann Medical College and Hospital of Chicago Report.

Bull. de la Soc. Méd. Homœopathique de France. March. Paris

L'Art Médical. Paris.

Bibliothèque Homœopathique. April and May.

Review Homœopathique Belge. Brussels.

Rivista Omiopatica. Rome.

El Criterio Médica. Madrid.

The Western Mercury. June 16.

Liverpool Daily Post. (Several numbers.)

Malvern News. June 23.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE ALLOPATHIC ESTIMATE OF MEDICINE.

WERE the profession of medicine the liberal one that it ought and is supposed by the laity to be, were perfect freedom of opinion and practice allowed not only in name but in fact, were those who conscientiously differ from their neighbours in the manner of treating patients committed to their care, respected on that account by their professional brethren of a contrary opinion, and were both parties openly striving together to advance medicine, each mutually helping the other, and each taking full advantage of the other's discoveries, it would ill become those of us who belong to the one school of medicine to show up the defects, and the admissions of weakness on the part of the other, even though we believed we were in the right. But when one section of the profession, one forming the majority, systematically endeavours to crush a minority out of existence by measures utterly inconsistent with anything better than a trades union of the extremest type, when the minority have to fight for their professional existence, unless they prefer to be quietly snuffed out, then the circumstances are altered. Outsiders naturally, at all events not unnaturally, suppose that when the old school far outnumbered the new, when the celebrated names in the profession are found in the ranks of the majority, when the

practice of the new school is a comparative novelty, and when it is pooh-poohed or ignored by those who practise in the ordinary manner, the majority must be in the right, and that there is something safe, sure, and sound in their system, to which they can with satisfaction trust. This belief is studiously fostered by the majority, and it is a position which most of them feel bound to take up, in order to give colour to their extraordinary treatment of the minority. On our part, therefore, and as part of our means of self defence, it becomes an important point to notice in our journals, for the information of our readers, public statements made by leading men of the old school in regard to their belief in the kind of treatment they pursue, and the estimate they form of its value and scientific character. The notice from time to time of such statements, and they have been of late becoming more and more frequent, serves to strengthen the faith of any of our fraternity who may have a quiet hankering after the allopathic treatment of disease, and shows him that there is nowhere but in homœopathy any attempt at a scientific system of therapeutics; that in the direction of allopathy, nothing of this kind is to be looked for, while any glimpse of a scientific system which appears to dawn upon the vision of the advanced allopaths, comes from the quarter from which HAHNEMANN succeeded in giving to the world his immortal discoveries in the science of the drug-treatment of disease.

The latest public statement of the estimate of allopathic medicine comes to us from the lips of Dr. MATTHEWS DUNCAN, of Edinburgh. Dr. DUNCAN is not only well known in the profession and out of it, in this country, but his is a European reputation. Anything uttered by him, therefore, comes with an authority which few others could command, while from his immense experience, sceptical statements far outweigh in importance any allegations of

men of secondary position regarding the truth and value of old-school medicine.

Even the *British Medical Journal*, while deprecating such confessions as those of Dr. MATTHEWS DUNCAN, is obliged to admit their importance, "because in this address we have the statement of the opinions of one of the leading medical men of the day, who is speaking after mature experience of many years of practice, and who has himself added to our knowledge both of art and theory. His scepticism," it goes on to say, "as to the value of treatment is, we think, too much the end in his mind, and too little the conscious means to more rational therapeutics; and the hopelessness with which he seems to view the future of medicine appears to be greater than even the chaos in which this whole domain of knowledge undoubtedly lies, justifies him in indulging." Here, let us notice, *en passant*, is a remarkable admission from the editor of the *British Medical Journal*—that the whole domain of therapeutics undoubtedly lies in a state of chaos. When such a statement comes from the pen of the editor of one of the leading allopathic journals, it seems to us that he takes up very much the same position as Dr. DUNCAN, though in different words. Dr. MATTHEWS DUNCAN's address was delivered at the opening of the session 1876-77 of the Royal Medical Society of Edinburgh, on the 10th of November last. This society is, we believe, composed chiefly of the students at the University of Edinburgh, and it must have been in the highest degree encouraging for the students to be forewarned of the value and state of advancement of the science (?) which they are studying and imbibing from the lips of their teachers. Dr. DUNCAN chose for the subject of his address HIPPOCRATES, who is known as "the Father of medicine." After dilating on the main features of the mind of Hippocrates, and on the position to which he brought

the art of medicine, as compared with its condition under his predecessors, he considers that one of the greatest features in his teaching was the doctrine that disease may be treated, but cannot be cured ! It will hardly be believed that this is actually the opinion of one of our most distinguished allopaths, but we shall let him speak for himself. He says :—

“ These ante-Hippocratic days were the era of cure, not of treatment ; or of cure as distinguished from treatment ; and one of Hippocrates’s chief claims to our honour is that he despised and rejected the whole affair. His chapter on the *morbus sacer*, considering the time when, and the circumstances under which, it was written, is an imperishable monument to his glory, a proof of his courage and his wisdom. Its teaching is nearly as much needed now as ever it was ; for, considering our time and circumstances, we have, in the specifics and many other cures of our day, grosser superstition than Hippocrates had to encounter. Cures occur only in the hands of the ignorant and superstitious ; and the light of science should, ere this, have rendered them ridiculous. But it is not so. One of the most renowned physicians of modern times deliberately recommends a metallic salt for headache, as he has seen it cure a case ! Another most eminent and respected physician recommends a peculiar saline as a cure of a rare and ill-understood kidney disease, for he had tried it in one case ! ”

With such views, Dr. DUNCAN cannot restrain his sneers at the medical practice of the present day. Let us quote another passage, as it is always best to allow a speaker to be heard in his own words :—

“ The details of his medical practice I shall say almost nothing about. For the poor suffering patient they are of supreme importance. Nothing else, indeed, is of importance at all. But who can give any rational account of them as practised by Hippocrates, or as practised now ; except so far as they are easily proved by lay, as distinguished from instructed experience ?

That there is daily given out by professional men, as there was by Hippocrates, a mass of valuable advice, I have no doubt; but it is lamentably unscientific, and therefore here undescribable. Two points in the practice of this ancient are worthy of special notice and admiration. First, in accordance with his peculiar prognostics, which included the causation of disease, he attached great importance to diet and regimen, including residence and climate; and much advice, still considered valuable, is to be found in the records of this department of his practice. Second, his prescriptions were simple, compounded nearly exclusively from the plants of Greece. We have no trace of the ridiculous confections which were introduced in later times, and which Sydenham used, such as the Mithridate of the London Pharmacopœia, with its fifty ingredients. The superstitious belief in imaginary remedies, so prevalent in our day and in the time of Hippocrates, is not less useful nor less injurious than that of Sydenham; but it is greatly less absurd. In his history of medicine, Dunglison says that superstition is now restricted to the vulgar. There never was a greater mistake. Among the highest and most learned in our profession, and out of it, superstition, or belief in idle and unproved things, is as rife as ever it was. Regarding what remedy in common use can a physician give a reason, sufficient for all, for the faith that is in him? He knows many juvantia and lædentia in different cases, with some degree of assurance, but tangible remedies are the favourites of the physician and of the vulgar. They are for the most part now, as heretofore, mere matters of fashion. On the principle of doing his best, the physician may be bound to use them, but it is almost a humiliating proceeding at this time of day. 'Ubi physicus desinit,' says Stahl, 'medicus incipit.' There is no exercise of faith in medical science; but without it medical practice is hardly to be imagined. What a tissue of superstition is embodied in our dispensatories! We have not now, neither had Hippocrates, such a complication of solemn nonsense as the 'sovereign syrup for melancholy,' the 'theriaca Andromachi,' or the 'Mithridate,' all of the London Pharmacopœia, and

some of them in use within the memory of people still living ; *but we have in active use, if not in our Pharmacopœias, little else than such solemn nonsense in a less complicated form.* What is the value of our beloved 'bromide,' at present used for all diseases ? What the value of the rest ? Alas ! we can only say with Hippocrates, that we do what we can."

The italics in the above quotation are ours.

And again :—"The grand misleading influence is crude theory or hypothesis ; and it is both amusing and instructive to remark that the great HIPPOCRATES well knew this, elaborately illustrated it, then shut his introspective eyes and leapt into the very gulf of error against which he warned others ; *and in like manner do we act nowadays, full though our conceited pates are of medical knowledge.*"

We are told that one of the great maxims of HIPPOCRATES was, "*Do no harm,*" and on this point Dr. DUNCAN enlarges as follows :—

"The maxim to do no harm is one for all time, to be inculcated and re-inculcated, for it is always getting forgotten and lost faster than it is instilled. Had it been duly attended to, medicine would have stood immeasurably higher in the public confidence than it does stand ; and quackery and charlatany would scarcely be able to find footing, instead of flourishing as they do, a standing and not undeserved reproach to the ranks of the regular profession. Had this golden rule of practice been followed ; had it been kept in mind not only that judgment is difficult, but that experiment is dangerous, as Hippocrates taught—then Celsus could not have said that the best medicine is to take none ; nor Hoffman advised the patient to flee doctors and drugs if he wished to be safe ; nor Radcliffe have said that when young he had fifty remedies for every disease—when old, one remedy for fifty diseases ; nor James Gregory have said that young men kill their patients, old men let them die ; nor William Hunter have said that to medical theories perhaps more of the human species have fallen a sacrifice than to the sword

itself or pestilence ; nor Sir Benjamin Brodie have said of John Hunter, that, by teaching us when not to interfere, he had done more for the healing art than all the inventors of remedies who had gone before him ; nor James Johnston have declared his conviction that, if there was not a single physician, surgeon, apothecary, druggist, nor drug on the face of the earth, there would be less sickness and less mortality than now. These expressions are all, in my opinion, either imperfect or wide of the truth, but they show how lamentably the teaching of the Father of Medicine has been and is neglected."

With such a gloomy state of matters existing, Dr. DUNCAN'S hopes for something better are very shadowy, and he rests on the satisfaction that meantime the profession is doing its little best ! We find him saying :—

"The vitality of error and even of mischievous error is quite marvellous. The Hippocratic method or system and all other systems are now fortunately withered, if not dead, unless we recognise their revival in the weedy growth of homœopathy. The profession is loosed from such useless and injurious trammels, and looks anxiously for some philosopher of the true inductive character who may on a solid basis establish some humble and probably only partial method. Meantime we must be patient, and take care to avoid the hasty adoption of any new generalisation for the guidance of practice. Till we make advance in scientific manner we must do the very best we can : acquire knowledge, practise the numerical method, gain experience. Then, although we may be fairly taunted with our endless variations, each physician's practice deserving a title compounded of his name with *ism* affixed to it, we may rest in the meantime in satisfactory consciousness that we have striven to increase our knowledge to the utmost, and have used it mixed with all available wisdom for behoof of our patients."

How small "the little best" is, we gather from the following passage :—

"When Broussais vaingloriously says that the real physician

is the one that cures, and that the observation which does not teach the art of healing is not that of a physician, but is that of a naturalist, he is at issue with the teaching of Hippocrates and of good sense. Hippocrates and the real physician do not cure; they pretend only, and in a very humble way, to treat disease; they know that observation and experiment have not yet taught us the art of healing, and they further know that the only kind of observation or the only valuable kind is that of the naturalist. It is the quack—honest quack it may be—who founds his system, and builds on it his cures; as Laennec gently hinted that Broussais did. *Every one knows that the doctor can cure some diseases. He can overcome constipation. He can smother the itch insect.* But these are not cures in the sense of the present discussion, and of them perhaps Hippocrates had as many as we now have. The great diseases of mankind—the inflammations the fevers, the degenerations—Hippocrates did not pretend to cure; he treated them according to his system. In the great sense there are no cures, except those miracles which are appropriately so designated."

With such opinions, we are not surprised at finding Dr. MATTHEWS DUNCAN enter into a tirade against the absurdity of searching for specifics, and one great charm for him in HIPPOCRATES is that he did not enter on this search. We have seen that "our beloved bromide" comes in for a sneer, but we hardly anticipated that a similar welcome would be accorded to *quinine*. But we must really again allow Dr. DUNCAN to speak for himself. He says:—

"We may, however, observe, to his great credit, that he (Hippocrates) did not exhibit any tendency to the belief in specific medicines, which is a natural consequence of the error just described. Hippocrates treated disease; he did not pretend to cure it, as do the believers in specifics. Hippocrates treated disease according to his system; he did not believe in an additional method of treatment by specifics, however much he might resort to empirical practice. Nowadays, when systems of

medicine are all in decay, treatment by the best physicians is almost exclusively a more or less rational empiricism; but not entirely, for the belief in specifics is still extensively prevalent, and the venerable Alison has inculcated the duty of searching for them as one of the great objects of modern medicine.

Specific medicines were greatly believed in in the time of Sydenham, who imitated to some extent a botanical classification in his arrangement of diseases, and supported the doctrine of a special medicine against each species of disease. About his time, Jesuits' bark was introduced into general practice, and it soon became the model specific, a grand position which it still retains. *Indeed, if we look over the innumerable panegyrics of therapeutical medicine by medical men, we have the cuckoo cry of quinine, with an occasional addition, varied according to the credulity of the writer.* Quinine, however, still survives as not merely a medicine of great value in ague and other diseased conditions, but as the great specific."

And then, after quoting an interesting passage from SYDENHAM, regarding the doctrine of specifics, our author proceeds:—

"This passage, given above, from Sydenham is purely Hippocratic, except the utterly groundless, and therefore meantime unscientific, doctrine of specifics. Robert Boyle, a friend of Sydenham's, to whose book I have referred, laboured to show that the doctrine of specific remedies is reconcilable to the corpuscular philosophy; but this goes no further in relieving it of untenability than the only theoretical argument of Sydenham in its favour, namely, that the existence of such remedies for the graver diseases is rendered probable by a consideration of the goodness of God. Similar arguments would justify a belief in witchcraft; and, when we read of the specifics of bygone ages, or even of recent but past times, we would all nowadays regard them as quite as absurd as the feats of witchcraft or of charms; and the many specifics, even of our own day, have only the same claim on our belief as witchcraft has, faith. Robert Boyle's

specifics and Sydenham's excite our laughter and derision. Our own specifics do not, only because they are our own. Boyle and Sydenham would appeal to experience, just as we do now. Facts, they would exclaim ; but the wise man will say, as Laennec did to Broussais, that he cannot recognise the facts. Cullen has, in banter, expressed this by saying that in medicine there are as many false facts as false theories. There are many wonderful survivals of error quite as striking as the belief in specifics or in quinine. It is a disgrace to practical medicine that, in the days of the useful but limping numerical method, we have no unanswerable evidence of the value of quinine. We have abundant evidence of its frequent apparent utility, of its frequent failure, of its being in no sense a Sydenhamian specific ; and Pereira denies to it the right to any such pretension. It may be safely asserted that it is not nearly so well entitled to be ranked as a specific as the humble poultice, or lying-a-bed, is, in many inflammatory diseases. Considering the failure of physicians in their searches for specifics, and considering our present limited knowledge of pathology, we cannot too much deprecate the recommendation of many great men to continue the pursuit. *Few things have retarded medicine more than this doctrine and the discovery of Jesuits' bark ; were the only evil produced the diversion of ingenuous youth from work that is abundantly supplied, and cannot fail to produce good results. The search for specifics is, from its conditions, likely to be not more successful than a boy's attempt to shoot crows with his eyes bandaged. Hippocrates is the father of no such therapeutical extravagance. The best moderns do not treat diseases according to his method or system, or according to any method whatever ; but they join with Hippocrates in doing their best, with all humility as empirics utterly, or as rational empirics, if any reason can be found."*

In one sentence in the above quotation we cordially agree with Dr. DUNCAN, and that is that (from an allopathic point of view, of course), "the search for specifics is, from its conditions, likely to be not more successful than a boy's attempt to shoot crows with his eyes bandaged." This

only shows in very forcible terms what we have so often maintained, that practitioners of the old school are on the wrong track altogether in searching for a scientific *system* of therapeutics. This, we think, becomes clearer every day, and such a statement as that of Dr. DUNCAN's is true to the letter. Nevertheless the thoughtful and advanced men of the old school do firmly believe that specifics, or medicines having a specific relation to the diseased part, must and will some day be discovered, and they very properly will not be balked in their efforts to discover such. That our definition of a specific is what was understood by SYDENHAM and by our author, we may gather from a sentence which Dr. DUNCAN quotes from SYDENHAM. "A specific is such a medicine as very often, if not commonly, does very considerably, and better than ordinary medicines, relieve the patient, whether by quite curing, or much lessening, his disease, and which acts principally upon the account of some property or virtue; so that if it have any manifest quality that is friendly, yet the good it does is greater than can reasonably be ascribed to the degree it has of that manifest quality, as hot, cold, bitter, sudorific, &c."

Since walking in the old-school long-trodden path will, confessedly, never lead to the discovery of such remedies, any more than "a boy can shoot crows with his eyes bandaged," why will not our opponents examine our system of homœopathy? If the one path ends in futility, the only other known road is that of the law of similars, and if they will take the trouble honestly to investigate our system, they will find that the specificity of our remedies is based wholly on the knowledge derived from experiments on the healthy, that each drug has a specific relation to a given portion of the body, producing symptoms in the healthy body closely corresponding to most of the diseases which come under our care for treatment, and so showing in

the clearest manner their specific affinity for the parts affected.

We thus do not attempt to shoot crows with our eyes bandaged, but with clear vision, and a strong light to guide us. That we are in the right is very evident from the marked tendency of the advanced section of old-school therapeutists to work in the manner inculcated by HAHNEMANN, namely, to institute provings on the healthy body, and so ascertain the pure action and the specific affinities of each drug, and it is equally evident when, as a result of these aims, we find the wholesale adoption at the present time of remedies which, till recently, were only laughed at, and which act in a way that is explainable on no other than the homœopathic theory.

Surely, such addresses as those of Dr. MATTHEWS DUNCAN cannot fail to make an impression on his readers, and show them once more how hopeless it is to expect any real advance in medicine, unless they explore the only other system of medicine which has any pretensions to a scientific basis.

In conclusion, we may well ask, What right have our opponents to treat us as they do, and to talk as they do, as if old-school medicine rested on any secure basis, or in fact on any basis whatever? With such an address before them as Dr. DUNCAN's, and the statement of the editor of the *British Medical Journal*, that therapeutics "undoubtedly" are in "a state of chaos," we cannot conceive how members of a so-called liberal profession, can not only refuse to look at our teaching, but allow themselves to ostracise those who believe that they have found the great key to the discovery of specifics, in the best sense of the term. That it is so, is a disgrace to the profession, and it is only a renewed reason, to our minds, why, at the present juncture, and in the face of certain proposed terms of union between the two

schools, we should decline to entertain any which do not involve our right fully and completely to recognise the truth of our great guiding rule in practice—the doctrine of similars,—with equal liberty to practise it to as full an extent as we are capable of doing, and at the same time an entire and practical recognition of our *locus standi* as fellow-workers with our brethren of the old school, who are in any way endeavouring to build up the great science of therapeutics. That such concessions will be made we have no doubt. They must be made some day, and if not now, we are content to wait and go on our way as heretofore, rather than give even the appearance, for the sake of “peace,” of lowering our colours, and smothering what we believe to be the truth. Peace and goodwill are eminently desirable and urgently needed, alike on professional and scientific grounds; but a hollow truce framed out of a compromise of principle would be useless, injurious and degrading.

NOTES FROM DAILY PRACTICE.

By A. C. CLIFTON, M.D.

STAPHYSAGRIA.—This is a drug, regarding which our clinical records are few; neither can I add much to that which has been told us by others. I have used it with benefit in gout, in rheumatic gout and gouty nodosities, in some diseases of the bones, in neuralgia, palpitation of the heart, diseases of the eyelids, and some eruptions of the scalp.

1. Chronic gout or rheumatic gout. It has only been in gout occurring in men far advanced in life, of corpulent habit, and with feeble circulation that I have seen it successful. In such states we generally find feeble pulse, palpitation of the heart, and dyspnoea on exertion, the pains being in the smaller joints of the hands or feet, attended with much swelling and hardness. In the majority of cases the patients suffer from some skin affec-

tion, alternating with pains in the joints; the soles of the feet are tender, and there is much weakness of the knees. I generally give the third dilution and apply a lotion to the painful joints composed of 3ss. to 3i. of the mother tincture to half a pint of water. Whilst alluding to arthritic nodosities I would say that where *staphysagria* fails I have seen an application of *friars balsam* (tincture of *benzoin*) and *benzoic acid* internally do good. They are, however, indicated by a different set of symptoms.

In acute articular rheumatism, with shifting pains, in debilitated subjects, or in men who have led a fast life, it has been of service, where *arnica kalmia* or *pulsatilla* might have been thought of.

2. In disease of the bones, such as caries, it has rendered me signal service in several instances, especially when of a superficial character and following in the wake of a syphilitic node, and in broken-down constitutions there is an ulcer which is painful, and secreting a thin watery discharge; the bone is soft and easily crumbles under a probe. In connection with such an ulcer and disease of the bone, the skin for some distance round is of a dusky red or brown colour, with vesicles or pin holes discharging a watery fluid. A similar condition of things has been observed in strumous subjects, where there has been a local skin affection, and an enlargement of the lymphatic glands. My treatment has been a local application of *calendula* or *hydrastis* or of *staphysagria*, 3i. of mother tincture to half a pint of water, and internally, the 1st dilution to the 12th; the lower dilutions sometimes, but quite as often the higher ones, doing good.

3. Neuralgia. I have only once or twice used it for this complaint, and then with benefit. I remember the case of a lady who had previously suffered from intercostal neuralgia followed by shingles. Some months afterwards she began to have daily pains beginning at the crest of the ilium on the right side, extending backwards and downwards to the thigh. The pain was worse early in the morning, on rising or on sitting down, better by standing and by warmth. The 3rd dilution here speedily effected a cure after other drugs had failed. Three months afterwards there was a recurrence of the pains which *staphysagria* again quickly cured. Another case of neuralgia of the scalp, occurring in a literary man who had taken mercury for chronic liver disease and was in a debilitated condition,

was relieved by this drug. The pain was worse by excitement, by worry, by mental work, by pressure of the hat, and change of air. It was relieved by quiet, solitude, rest, and a warm room. The pain was dull and stupifying, producing a muddled feeling in the brain, or as if a hard substance was pressing on the skull; all mental work was a trouble to him, he could not find the right word to express an idea, and ideas were slow in coming. The 3rd and 6th dilution failed to do good, but the 30th gave relief.

4. In some cases of nervous palpitation of the heart I have found *staphysagria* useful, but the precise indications for its use, or what led me to it, I do not remember, and should probably have to read up its symptoms before using it again in such a case.

5. Of its use in toothache and in fungoid state of the gums I need say but little, as other physicians have given their clinical experience in these conditions. The gums are spongy, fall away from the teeth, or present fistulous looking ulcers; the toothache is generally relieved by firm pressure of the teeth together, whilst a slight touch would cause pain; the teeth are small, ragged, and chipped. The 3rd and 6th dilutions are those I have used.

6. Chronic tonsillitis. In young persons the tonsils are not very large, but hard from previous attacks of acute tonsillitis; there may be some deafness, an unhealthy condition of the mouth and gums, eruptions on the edges of the eyelids, ulcerations of the nostrils or herpetic eruptions about the joints; in fact, a general dyscrasia. In such states I have seen benefit from the use of the 3rd dilution upwards.

7. In chronic blepharitis I have had good results from the use of this medicine. There is generally thickening of the edges of the lids, with pimples or pustules on them, and the eye-lashes may fall out. Such patients are usually strumous, with enlargement of the lymphatic glands, moist eruptions behind the ears or on the scalp, or herpetic eruptions about the joints, unhealthy gums, having an irregular appetite, and of a cross, irritable disposition. The 3rd decimal to the 3rd centesimal potency have chiefly been of service in these cases.

8. Chronic prostatitis in old men. Here it has been used with benefit, not in diminishing the enlargement of the prostrate gland, but in relieving symptoms dependent on it, such as pain extending from the anus along the

urethra, coming on after walking or riding in a carriage, with frequent micturition by day, the urine passing in small quantities, and with dribbling after micturition. In one case associated with hæmorrhoids and constipation, and in which *nux*, *sulphur*, *æsculus*, and other medicines had failed to give relief, this medicine was of service. The 3rd potency has been used in these cases. In spermatorrhœa I have also used this drug, sometimes with benefit, but I cannot say it has been attended with such marked results as have been noticed by other physicians.

DIOSCOREA VILLOSA is the next drug which I shall notice. It has been much used in America, and it may have been so in this country, but I do not remember any records of its use. I do not consider for a moment that it is good or scientific practice to have favourite medicines, as it tends very much to slipshod and routine work; but if there is one medicine more than another which is a favourite with me in certain forms of colic, it is the one I have named—in fact I now carry it in my medicine case. I say certain forms of colic, because it has been recommended to our notice for bilious colic, flatulent colic, gastralgia, enteralgia, and whilst these names may to a certain extent indicate its usefulness, they do not I think sufficiently define the sphere of its curative action. It is true that some physicians have entered more into detail, and described more fully the symptoms indicating its sphere of action, still I am of opinion that if we would have this drug saved from disuse, it must be by a still more clearly marked chart of its therapeutic power than by the words colic or gastralgia, enteralgia, &c. In doing or attempting this I may appear somewhat pedantic, and even curtail its curative sphere; but I think it is much better to err on this side than on the side of generalisation. I am led to this remark by the difference of opinion as to the value of bismuth in gastralgia. Nearly all physicians who have recorded the result of their experience with bismuth in gastralgia say that the crude drug or 1x triturations give the best results, whilst I, with a few others, have found the dilutions from 3 upwards answer best. The reason of this difference of opinion appears to me to be that nearly all who have written on the subject have merely recommended it in gastralgia or cardalgia, or the gastralgia peculiar to women, and this bare description has been understood differently by different men; whereas, had the symptoms

which led to its selection been given more in detail (since we have only a poor proving of it to guide us), I think the two different classes of observers would have been more in accord; for I have since found that the crude drug does cure one group of symptoms better than the higher potencies, whilst on the other hand the higher potencies act more beneficially on another group. With this introduction as a reason for giving a particular description of the *dioscorea* colic, I would remark that, whilst it is said to be useful in bilious colic, I would, if I must give the colic a name, call it flatulent colic; first, because the colic in which it is especially useful is always attended with a large amount of flatulence; and secondly, that when accompanied with biliousness or vomiting of bile, this is only secondary to the pain or a sequel to it, and not coming on early in the attack; the patient has neither a large flabby tongue nor a thickly coated one, nor has he a yellow aspect of the face, or bilious diarrhœa. If these symptoms are present, they are not so readily relieved by *dioscorea* as by other medicines. The cases in which I have seen its beneficial action have been in both men and women, old and young, chiefly in persons of feeble digestive powers, suffering principally from flatulence after meals, either in the stomach or bowels, but unattended with any hepatic derangement or irregularity of the action of the bowels; perhaps not ill enough to seek medical treatment. These persons from some excess in eating, or from having fasted too long before an ordinary meal, or from some error of diet such as partaking of old cheese or uncooked fruit or pastry, especially if they are great tea drinkers, may be suddenly seized with violent colicky pains in the stomach or bowels. Though this may have arisen from error of diet, yet the pain does not come on till several hours afterwards. The pain may be limited to either the stomach or bowels, and generally is so at the commencement of the attack, but it gradually extends to one or other part as the paroxysms recur; the pains, when located in the stomach, being more or less continuous, but yet recurring in irregular paroxysms of great severity, bending the patient double, causing profuse perspiration, and in some cases making him desire death rather than such prolonged agony. With this tendency to bend double, with a feeling as if pressure would relieve, pressure actually aggravates, and the only relief obtained is by stretching the body out, or

even in some cases by walking about in a very upright position. The pains are variously described as screwing, cramping, lancinating, often shooting through the spine, and as if the patient would like to tear the stomach open, or at least must loosen all clothes, which however gives no relief. There is much distension of the stomach, desire for and loud eructations which afford only partial relief. The eructations are tasteless, unless the pain has continued long, in which case they may be bitter or sour, and even followed by vomiting of bile. There is often coldness of the extremities, a feeble pulse, a dry whitish tongue, but no fever. These symptoms are quickly relieved by *dioscorea*, in drop doses of the mother tincture, or two to three drop doses of the first decimal dilution. If the case is not seen in the early stage, and if vomiting of bile has occurred, and a general bilious condition is appearing, *dioscorea* may even then afford some relief, but not so quickly as other drugs. The previous description refers more particularly to the stomach, and may perhaps be called gastralgia. There is some little difference in the symptoms when the pain begins in the bowels; for instance, the pain generally begins in a small spot which radiates outwards, upwards, or downwards; it may extend to the stomach, the liver, spleen, or the uterus, but when it does so it is not at the beginning of the attack; the pains are of the same character as in the stomach, but *less continuous*, and *more paroxysmal*; there is often a sensation as of a knuckle pressing inwards, or a twisting, screwing pain; with great distension of the abdomen, and difficulty in expelling wind; when the flatus is expelled, it is with violence and often with a *watery* evacuation, the expulsion of wind only affording partial relief. The pains in the abdomen like those in the stomach are aggravated by pressure, and relieved by stretching out the body. I have administered *dioscorea* in three cases of spasm from the passage of gall stones; in one of these only did I think it afforded any relief, but as other medicines had been given, its beneficial use was very problematical. In renal colic I have tried it in two cases without benefit.

In dyspepsia it has been used by our American colleagues with benefit, and Dr. Hale thinks that it is in forms of dyspepsia similar to those in which *bryonia*, *bismuth*, or *nux* are useful. I cannot agree with him in this remark. I neither see the reason for this, judging

from its pathogenetic action, or from the cases in which I have found it act well. In my experience it has rather been in similar states to those in which *hydrastis* is indicated, except that there is no constipation of the bowels or hepatic derangement as there is with *hydrastis*, but a sinking "gone" feeling at the stomach, flatulent distension after meals, a pale, flabby and shining tongue, and general debility.

It is credited with being useful in dysentery, but as no symptoms are given, the question again arises, Is it dysentery? and if so, what form of it? I have tried it in three cases simulating dysentery, but where there were no bloody evacuations, rather a discharge of thin watery fluid or mucus, with constant tenesmus, not relieved by an evacuation, and attended by flatulent distension and pain in the abdomen. It would appear by the proving of this drug that it ought to be serviceable.

HÆMORRHOIDS.—I have tried it in several cases, but have been disappointed with its effects, or rather absence of effects. In rheumatic shifting pains in the muscles, which are worse at night, it appears indicated, but in this condition I have not put it to the test.

Dr. Hale says that the tincture from the dried root is not always to be relied on, and that *dioscorein* is more to be depended on; but I have never used the latter, having had such good results from the tincture, which is of a bright brown colour, and prepared by Boericke & Tafel, of New York.

Northampton.

SOME REMARKS ON THE SOLUBILITY OF PHOSPHORUS FOR PHARMACEUTICAL PURPOSES.

BY ISAAC C. THOMPSON,

Member of the Homœopathic Pharmaceutical Society.

THE widely varying statements published by different chemists regarding the solubility of phosphorus, and the no less remarkable discrepancies in the various editions of our homœopathic pharmacopœias respecting the same point, have induced me to make some practical experiments upon it.

The position of phosphorus as a therapeutic agent is, in England, except among the followers of Hahnemann, of entirely recent date.

It was, however, in considerable repute in other parts of Europe during the last century, and a *tinctura etherium phosphoro* appeared in the French codex, but its success was transitory.

Dr. Nevins, in his *Materia Medica*, 1854, says: "Phosphorus is so seldom used in this country that nothing need be said about it." And Mr. Ashburton Thompson, in his work, entitled, *Free Phosphorus in Medicine*, published 1874, says, page 6: "The names of those who have been in *any way* associated with its employment in England to the present time, may be almost counted on the fingers!!"

Many of our best works on chemistry refer to the solubility of phosphorus in ether, the fixed and volatile oils, carbon bisulph, chloroform, &c., but, curiously, alcohol is scarcely even mentioned as a solvent.

In making preparations for the practice of homœopathy, we must discard the solvents I have enumerated, with the exception of ether and alcohol, as being therapeutic agents themselves. With these two vehicles as solvents then we have to deal.

In Jahr and Gruner's *Pharmacopœia*, translated by Hempel, 1850, directions are given for preparing a No. 1 dilution of *phosphorus* both with ether and alcohol, the complete solubility of *phosphorus* in either solvent being stated as one grain in one hundred minims.

The British Homœopathic Pharmacopœia, published in 1870, directs "solution in ether, which, if very pure, will dissolve nearly one per cent." Also a solution in absolute alcohol (strength not stated) to be used as a matrix tincture, and the dilutions to be prepared therefrom accordingly.

In the second edition of *The British Homœopathic Pharmacopœia* also two preparations of phosphorus are given, viz.: 1.—Solution of 1 part phosphorus in 500 parts of ether, an equal bulk of absolute alcohol being added so as to make the 8x attenuation."

2.—"Solution of one part of phosphorus in 1,000 parts of absolute alcohol, which will form the 3x attenuation."

But it absurdly goes on to say, "it is well to keep a stick of phosphorus in the alcoholic solution, so that it may retain its full strength," implying that the "full strength" is one in 1,000, whereas the addition of the stick of

phosphorus renders it double that strength, and not a 8x dilution at all.

So much for the teaching of our various authorities on the subject.

The directions for the preparation of tincture of phosphorus, given in the second edition of *The British Homœopathic Pharmacopœia* (that now in use), are, except for the anomaly above pointed out, valuable as far as they go, and the preparation of 1 in 1,000 most useful for the purpose of dilution, according to our present notation, but for dispensing purposes there should be a definitely recognised saturated solution of reliable strength, whereby the medical practitioner may readily prescribe such a proportion of a grain of *phosphorus* as required.

After repeated experiments on the solubility of *phosphorus*, I find that the strongest reliable solution in ether is 1 in 400 ; in absolute alcohol 1 in 500.

Mr. Ashburton Thompson gives 1 in 320 as the soluble proportion of *phosphorus* in absolute alcohol, but this I have been unable to verify, for, though with the application of heat it is soluble in that proportion, there is invariably a precipitate of *phosphorus* globules on cooling.

From the thinness of *ether* it is subject to rapid evaporation, even if securely stoppered, rendering the *phosphorus* solution liable to oxidation from the condensation of its particles. For this reason the tincture requires to be frequently made fresh, and the bottle kept full, so as to admit as little air as possible. The latter caution also applies to the alcoholic solution from the readiness with which alcohol abstracts water from the atmosphere.

Indeed, the chief difficulty to be overcome in making any pharmaceutical preparation of *phosphorus*, is its extreme proneness to combine with oxygen, and thus completely changing its therapeutic properties, converting it into *phosphoric acid*.

To meet the difficulty, Mr. Ashburton Thompson recommends the addition of glycerine to the alcoholic tincture, with the idea of thereby lessening evaporation and acting as a preservative ; but inasmuch as the affinity of glycerine for water is even greater than that of alcohol, and its solvent power over *phosphorus* decidedly less, its addition to a pure alcoholic solution appears to be of little or no value. (Glycerine, however, may be most advantageously employed

in dispensing, as an adjunct to a mixture of strong alcoholic tincture of *phosphorus* and water, as in this case it materially assists in preventing rapid oxidation—to be prescribed in about the proportion of 1 oz. to an 8 oz. mixture.

The concentrated alcoholic solution should not be added to water alone, as by so doing a flash of light due to oxidation is frequently produced. The 3x dilution, however, can be added to without any such result, and is therefore the strongest solution suitable for the physician's pocket-case.

In the foregoing remarks I have chiefly alluded to the alcoholic tincture, as the most serviceable, on account of the thinness and consequent special liability to evaporation and oxidation of the *ether* tincture.

Taking the saturated alcoholic solution as 1-500th, which as before stated I believe to be a reliable proportion if the *phosphorus* be pure and the alcohol absolute, it follows—

500 minims alcoholic tincture = 1 grain *phosphorus*.

250	“	“	“	=	$\frac{1}{2}$	“	“
125	“	“	“	=	$\frac{1}{4}$	“	“
50	“	“	“	=	$\frac{1}{10}$	“	“
25	“	“	“	=	$\frac{1}{20}$	“	“
10	“	“	“	=	$\frac{1}{50}$	“	“
5	“	“	“	=	$\frac{1}{100}$	“	“

These proportions are enumerated simply for ready convenience in prescribing.

4, Lord Street, Liverpool,
July, 1877.

STUDIES IN THE MATERIA MEDICA.

BY D. DYCE BROWN, M.A., M.D.

VI.—*Lilium Tigrinum* (the *Tiger Lily*).

THIS recently proved medicine promises from its pathogenesis to be a remedy of very considerable value in certain forms of disease. The provings are remarkably harmonious, and uniform, and our confidence in their reality is increased, not only by this uniformity, but by the limitation of the symptomatology to certain distinct forms of disease. *Lilium* is essentially a uterine medicine. It produces in the female provers prolapse and anteversion of the uterus

(this tested by physical examination), with the concomitant symptoms such as one might expect, as pains in the lower part of the back, rectal irritation, down-bearing, a feeling as if the bowels required to be evacuated, and as if a foreign body (the neck of the uterus) were pressing on the rectum, marked irritation of the bladder, forcing sensation, frequent desire to pass water, with pain in passing it. It also causes more or less uterine congestion, probably secondary, marked ovarian pain, extending down the thighs, leucorrhœa of an acrid character, premature menstruation, and appearance of sanguineous discharge in those who have not menstruated for a long time before. The increase of sexual desire caused by *lilium*, is a very marked feature of it, becoming painfully evident to the female provers, in some of whom it approached to nymphomania; and it is even felt by male provers, in whom the desire had long before become dormant.

The mental state corresponding to this condition is quite in keeping. A restless, irritable, excitable state, changing into gloomy despondency.

Headaches of a heavy, full type are frequent.

The eyes are specially affected. Symptoms of asthenopia and retinal hyperæsthesia, with aching of the eye-balls, appear prominently; while in one prover, a well-marked and long-standing disorder of vision was cured while proving the drug.

We find no dyspepsia proper produced, but an abnormally keen and peculiar appetite is excited; there is much nausea, evidently sympathetic with the uterus, and a great amount of flatulent distension of both stomach and bowels—the latter the more prominent of the two. The rectal irritation has already been noticed, and seems chiefly sympathetic with the condition of the uterine organs. So also with the bladder, but over and above this sympathetic irritation *lilium* produces an irritating action on the bladder itself, causing frequent desire for micturition, both by day and night, with burning or smarting pain, which in most cases follows the expulsion of the urine.

Lilium causes no bronchial irritation, but has a marked disturbing action on the heart, causing palpitation and irregular action, chiefly on lying down and during the night, with various pains in the præcordial region, with a sensation as if the heart was grasped tightly. It also produces, in common with several other uterine medicines, pains of a

rheumatic-gouty character in the joints of the arms and legs. There is a tendency to sleepiness by day, and wakefulness, with a hot, restless feeling at night, and chilliness in the evening.

The symptoms generally of *lilium* are increased in the evening from 5 to 8 p.m.

With this introductory sketch, let us examine more minutely the pathogenesis of *lilium tigrinum*.

Mind.—In the emotional sphere there is in the provings of *lilium* marked disturbance. But the mental disturbance is unmistakeably secondary, and a result of the sexual and uterine disturbance; it is characterised by depression of mind, alternating with a restless irritability, which is a great annoyance to the prover. In various modes of expression, the condition of mental depression or despondency is recorded. The prover feels an aversion to being left alone, likes to be talked to; feels a "constant inclination to weep, with fearfulness, and apprehension of suffering from some terrible internal disorder already seated." She takes gloomy views of everything, is afraid she is going to be insane. The low-spirited feeling is not relieved by work, nor by going to bed; thoughts of suicide occur, with what would happen if she did make away with herself. One prover, suffering from the sexual excitement, felt much depression at the feeling of the moral obliquity she seemed to be guilty of. This condition continued for some considerable time after the proving. Besides this despondency, and as it would seem an alternating state with it, is that of impatient irritability. The prover becomes cross, and unreasonable, "has no patience with anything or anybody," moves about in an aimless, restless manner, feels hurried, as if she had a great deal to do, and yet cannot do it; feels unfit for any occupation, and cannot settle to anything; even a desire to strike some one, and use obscene language, is recorded by one prover, a female. With this state of mental irritation, there is also confusion and blunting of the intellectual faculties. The prover feels stupid and dull. She feels incapacitated for any effort, mental or bodily; the ideas become confused; she cannot describe her symptoms, though she comes for the purpose; the wrong word is chosen, and she is afraid to speak in case of saying something wrong. "She can't think; acts without thought; keeps walking fast, as though by instinct; feels hurried, but don't know why; is

forgetful; can't decide for herself, but must depend on others." Such a proving is an important one, all the more that the mental disturbance is the result of the sexual and uterine irritation. *Therapeutically*, it points to *lilium*, as a medicine likely to be of great value, in all forms of mental disturbance, dependent on uterine disease, or sexual excitement. Thus, in the mildest forms of "nervousness," displaying itself in irritable temper, restlessness, and despondency, when dependent on uterine disorder, up to the more severe forms of it when it approaches insanity and nymphomania, *lilium* will be indicated. Sometimes this state only shows itself before and at the menstrual period, when we should expect *lilium* to be of very considerable service. In *puerperal mania*, it should have a trial; at least in the milder forms of it. This drug has, I think, an especial interest in this sphere of action, for although we have many medicines which produce mental disturbance, there are few which do this so unmistakeably in connection with uterine disorder and sexual excitement as *lilium*.

Head.—The confused feeling described under the last heading is sometimes accompanied by dizziness and a faint feeling. *Lilium* causes a considerable amount of headache, as might be expected from the rest of its pathogenesis, but there is nothing peculiar about it distinguishing it from the headache of many other drugs. It is often through the whole head, but more especially on the forehead, on the eyes, and in the temples. Very often it is described as a dull, heavy, *hot* headache, at other times, but not so frequently, it is a pressive pain. Only once is it noted as occurring in the vertex. One prover, who was subject to sick headaches, records that during the time he was under the influence of the drug, he was free from them. The headache of *lilium* is frequently noted as being worst about 5 p.m., and if affecting one side only, it is generally the left.

Therapeutically, I do not know that there is anything in the pathogenesis to induce one to select *lilium* as a remedy, specially for a headache; but on the other hand, the presence of a dull, heavy, or *hot* headache all over the head, or in the forehead and over the eyes, would be an additional indication for the medicine, when the other symptoms corresponded. I may here observe that a headache of this character is a frequent concomitant of the state of body similar to that produced by *lilium*.

Eyes.—On the eyes, the effects of *lilium* are very marked. There is no conjunctivitis produced—only once or twice is a little redness noted. But its action on the sensory nerves of the eyeball, and on the optic nerve and retina are very unmistakeable. We find “intense pain in both eyes, extending back into the head, worse during the night; burning feeling in the eyes after reading or writing; eyes feel very weak.” “Eyes feel as if full of tears the whole day; severe pressure in right eye, lasting two hours.” Then, again, the pain is felt over both, or if over one it is the left, of a *dull*, or sometimes *sharp* character. One prover speaks of “heat in the eyelids and eyes,” along with the affection of sight presently to be noticed. Lachrymation is troublesome. *Vision* is distinctly impaired. The provers describe it as “dimness” of vision, “blurred” sight; objects are indistinct, as after reading, &c. The eyes are sensitive and painful in gas-light, and easier when in darkness, and there is a desire to cover them and press upon them. One prover describes “an appearance, as of a veil before the eyes,” and another as having *muscæ volitantes* at various times. One observation I must quote entire, as it is so carefully noted. “Prover’s sight always weak; she is hypermetropic, uses convex fourteen glasses, now sight is much worse (4th day); sight worse, eyes very painful, smarting, must close them often; light painful, darkness pleasant (5th day); eyes very sore, sight dim, must cease the proving (6th day); eyes no better (11th day); having suffered as above for four weeks my eyes returned to their former condition, with one exception; whereas formerly for one year I had a habit of turning my head towards the left when reading, trying thereby to look with the left eye out of the right glass of the spectacles, and this in order to see the whole of a letter, like b, p, d, &c., of which otherwise I could see only the straight part, but not the curve; now I can see distinctly without turning the head and looking sideways (after about ten weeks).”

This is an exceedingly interesting and important proving, and points out *lilium* as a remedy of great promise in amblyopia, and hyperæsthesia of the retina, caused by over-work of the eyes, from reading, sewing, or other fine work, and of which such symptoms as are given above are very characteristic. In other defects of vision, it might also prove useful.

Ear.—Only one symptom is noted—slight rushing sounds in both ears, after going to bed.

Nose.—Nothing here of importance.

Face.—This is several times noted as being hot and flushed, with once a pain in right malar bone, and once in right jaw, as if the teeth were elongated.

Mouth.—Little is observable here. A coated feeling in the mouth at night in one case, and a “bloody taste” in another, is noticed. The state or appearance of the tongue is not described.

Stomach.—The symptoms appertaining to this organ are rather peculiar. Though in some cases there is loss of appetite, in most it is the reverse; the appetite seems unnaturally increased, there is a special craving for *meat*, and an aversion to bread and coffee. Thirst is very decided. One prover says: “Thirsty spells always precede a dull, stupid, and despondent spell, and such always precedes the severe symptoms in the proving.” Eructations are only twice noticed, but *nausea* is a constant and prominent symptom, rarely going the length of vomiting. Very marked and constant also is the presence of flatulent distension in the stomach and bowels, with the escape of flatus upwards and downwards. This will be again noticed when we speak of the abdominal symptoms. Occasionally an uneasy, full feeling is felt in the stomach after food.

Here we see an absence of the usual symptoms of dyspepsia proper, but instead, we find abnormal appetite, nausea, and great flatulence in both stomach and intestines.

The nausea is, I think, clearly reflex, and the result of the uterine disturbance, while the presence of excessive flatulent distension is by no means an uncommon symptom in one suffering from uterine disorder, and whose nervous system is upset.

Therapeutically, I should advise the trial of *lilium* in nausea connected with uterine disturbance, and in the sickness of pregnancy; while it ought to be a medicine of much benefit in excessive flatulence in both stomach and bowels.

Abdomen.—Under this heading is included in Dr. Allen’s work a number of symptoms which clearly belong to the uterine organs; these I shall omit notice of till we come to the uterine section. The most prominent symptom here

observable is the *excessive flatulence*. I have noticed this already when speaking of the stomach symptoms, but the presence of flatus is still more distinct in the intestines. Most of the provers complain of it, and it is described by them under the various terms of distension, bloating, rumbling of flatus, flatulency, flatulent movement, emission of flatus, and swollen feeling, and it occurs in an unusually frequent and constant manner. Along with this is a certain amount of colicky or sharp cutting pain, seemingly produced by the flatus. This is worst just before an evacuation, and is relieved by it; as we should expect, if it is caused by flatus.

Several symptoms more properly belonging to the section on *rectum and stool*, are omitted here.

The therapeutic indications then are excessive flatulent distension of both stomach and bowels, especially the latter, with occasional colicky or cutting pains.

Rectum and Anus.—Some of the symptoms in this section are, I think, in reality uterine, as we shall afterwards see, such as the pressure on rectum and bladder, with almost constant desire to go to stool. The only symptoms that seem to me to be unmistakably rectal are “burning” or “acid smarting” or “rasping” sensation at the anus and up the rectum, and then only when accompanied by diarrhœa. Diarrhœa did occur in four of the provers, while in others the feeling of desire to go to stool with tenesmus was, as it seems to me, not diarrhœic, but sympathetic with the condition of the uterus, while twice the bowels are noted as constipated, and continuing so through the proving, the stools being dark and hard. When diarrhœic stools did occur, they are only described as loose, dark-coloured and offensive.

Therapeutically, *lilium* does not seem to me to be indicated in either diarrhœa or constipation *per se*, but it would certainly be calculated to relieve rectal irritation, whether taking the form of looseness, constipation, or tenesmus with feeling of frequent desire to go to stool, when such a condition is the result of sympathetic irritation from the uterus.

Urinary Organs.—To a certain extent we find the same condition as that noticed in the rectal section occurring in the section on urinary organs, viz.:—that many, or at least some of the symptoms are indicative of sympathetic

irritation from the uterus, for we shall see that the uterus is in several of the provers prolapsed and *anteverted*. This renders the interpretation of many of the bladder symptoms, a point of doubt. Judging from what we find as the condition of the uterus, and from the presence of rectal symptoms, which are undoubtedly only sympathetic, along with the presence of similar indications of bladder irritation, I believe that a considerable proportion of such indications are not essentially vesical, but produced by the state of the uterus. At the same time, it is evident that this is not the only cause of these symptoms, for we find that two of the provers who experienced bladder irritation were males. Besides, the urinary trouble was, in some of the female provers, as bad at night as through the day, which would not be the case if it were the result wholly of pressure, or reflex irritation. This then clearly shows a decided power in *lilium* to irritate the bladder, and when there is also uterine congestion and displacement, it is evident that such irritation will be much aggravated.

The symptoms, then, produced by *lilium*, on the bladder are, very frequent desire to pass urine, both by day and night, and once described as a feeling of constant pressure on the bladder. The same female prover who says that "she could pass water every quarter of an hour," says that she had to rise twenty times in the night to urinate. Besides this frequent desire there is pain, described by different provers as *burning*, acrid feeling, smarting, and tenesmus. This is mostly felt *after* the passage of the urine, but one prover (male) states that the smarting burning was felt while he passed it, and describes the urine as feeling more like boiling oil than water. These symptoms are so frequent and marked in the provings, that Dr. Allen prints them in block type.

The kidneys do not seem to be specially affected, the urine in some cases is scanty, and in others is copious; in some clear, and in others with sediment. Therapeutically, *lilium* ought to be a medicine of great value, not only in relieving vesical irritation, taking the form of frequent desire for micturition, and pain during and after it, when dependent on uterine displacement and congestion, but also in simple cystitis, and in vesical irritation short of actual cystitis.

Sexual Organs.—The symptoms appertaining to the male organs are *nil*; the only one recorded being a seminal emission towards morning in a prover in whom this is recorded as being “extremely rare.” But it is far otherwise with the female sexual organs. Here we have a pathogenesis of great importance; some symptoms being subjective, others objective, ascertained by physical examination. The latter I shall give first, as they throw a flood of light upon the meaning of the subjective symptoms. “*On examination, the uterus was found low down, the fundus tilted forwards, and the os uteri pressing backwards upon the rectum, allowing but a difficult passage of the index finger between the os and rectum,*” and the prover says, “on introducing the finger into the vagina, she finds the os, which is usually so high as to be almost out of reach, now so low as to only a half-finger high, the os much tilted back and pressing against the rectum, the fundus pressing on the bladder.” And the prover records “severe neuralgic pain (I think) in my uterus, so severe that I could not bear to be touched or moved, and even the jar of anyone against the bed was torture to me; I could not bear the weight of my clothes upon the pelvic region; this never lasted more than an hour and a half at a time, and passed off without leaving any lameness; upon the recurrence of the symptoms, I found by examination that the womb was anteverted; this is something that never took place before in my experience.”

The subjective signs are marked down-bearing, with a sensation of weight and pressure, as if the whole pelvic contents would force themselves out of the vagina, and as if they required support by the hand, by sitting, or by pressure of some sort. Aching in the sacrum, going through to the pubes; “feeling of irritation” in the uterus, and “constant distress as from approaching menstruation,” are complained of.

Those symptoms that I deferred noticing in the section “abdomen,” as more properly belonging to the uterine section are as follows:—Heat and pressure in the hypogastrium; forcing down in the pelvis, as if everything were coming out through the vagina—this is described as being “very distressing, and not relieved by change of position; this dragging down towards the pelvis is felt as high as the stomach and even the shoulders, not relieved by lying down, though worse when standing; a disposition

to place the hand on the hypogastrium and press upwards, in order to relieve the dragging sensation ; steadily increasing while riding ; when walking, a sensation as if everything were pressing down in the pelvis, so that she inhales forcibly, in order to draw up the thorax and relieve the pelvis of weight." The down-bearing pressure gives the feeling as of diarrhoea coming on, but no evacuation occurs, except a small quantity of urine. This latter is frequently complained of. I must quote some symptoms entire as they are so characteristic. " Bearing down in lower part of abdomen continues, now the twentieth day since it commenced, with *severe pressure in the rectum and at the anus, and a constant desire to go to stool ; but with every effort to evacuate the bowels, urine only was discharged ; sensation as if a hard body was pressing backwards and downwards against the rectum and anus ; standing on the feet aggravated the desire to go to stool ;*" and the prover remarks that she has felt the same down-bearing and pressure " low down in the vagina once or twice before after excessive fatigue from walking or working." Another describes the feeling as " like light labour pains," and " she could not sleep for the continued pelvic pain, which resembled that of imminent miscarriage."

Besides this, there was very marked pain in the region of the ovaries, in most of the provers, chiefly the left. It is described variously as a cutting, sharp, dragging, gnawing, grasping, stinging, darting and dull pain. It extended down the thighs. One prover says, " when walking, pain in both ovaries, worse in the left, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step ; as soon as she extended the limb she must immediately again flex it, and then, because of a restless feeling, must again extend it ; at length she went to sleep on the back, with knees and thighs flexed ; she cannot tell which pelvic region is the worst, that in the back or that in the pubic region ; the whole contents of the pelvis seem to drag downwards and forwards, and quite from the stomach."

Leucorrhœa, of an acrid character, causing soreness and excoriation, and of a brown colour, staining the linen, and making her think that menstruation was coming on, occurred to one prover, who says such a thing had never occurred to her before. There is a swollen feeling, with

itching and smarting in the labia. The menses seem, in most cases, to be brought on more freely and before the time by *lilium*. In one case, where the prover was 42 years of age, had not menstruated for two years, but had been in good health, a discharge of bright red blood appeared and lasted for four days, with "dull heavy pain, and great weakness in the small of the back and loins." Once the menses occurred after only a fortnight's interval, the discharge "slight, dark, thick, and smelling like lochia." In another case, the menstruation was "not one-fourth so much as usual, but followed by profuse bright yellow leucorrhœa, so acrid as to excoriate the whole perineum, a new symptom for me," and in another prover, the menses were delayed a month, and scanty.

Lilium produces very strong sexual instinct. One female prover says that she was formerly "very free from such feelings," another that the sexual desire, "hitherto dormant, was so strongly aroused that she said, 'I am afraid of myself, I seem possessed of a demon;' this excitement continued almost three weeks, increasing in intensity until an orgasm, beyond the control of the prover, would suddenly terminate it; during these attacks there was a constant urging to unusual physical exertion, walking, &c., in the hope of relief, the mitigation afforded by this, however, ceasing with the effort; there was in this state a constant hurried feeling, as of imperative duties, and utter inability to perform them; for about ten days following this excitement, there was profound mental depression; to the prover, 'the heavens seemed brass, and the earth iron'; although convinced that the sexual desire resulted from drug action, and beyond her control, an apprehension of moral obliquity weighed grievously upon her; with the sudden passing off of this condition would as suddenly recur the excitement, and this alteration continued more than four months after the proving." In another case there was "a disposition to use obscene language, a kind of nymphomania." This continued so distressing that she took *platina*, which cured her.

It is particularly worthy of note that one of the male provers, a medical man, found in his own case, "rousing of sexual desire, which had been dormant for years," showing the remarkable aphrodisiac effect of *lilium* on males as well as females.

Such a complete and thorough proving, coupled with the state of the uterus, as demonstrated by physical examination, ought to be of the greatest therapeutical importance, and these indications are clear—

1. In prolapse of the uterus with anteversion, associated with the usual sensations of down-bearing, rectal and bladder irritation, and secondary uterine congestion. In uterine congestion, unassociated with marked displacement, but when the symptoms in general correspond, *lilium* might and probably will, be of service.

2. In ovarian irritation.

3. In excessive sexual excitement, and nymphomania.

Its exact use in menstrual disorders is not clearly indicated, but points to menorrhagia.

It is worthy of note that not only the results of physical examination, but also the subjective symptoms, all point to anteversion, and not to retroversion.

Respiratory Organs.—The symptoms recorded here are evidently merely nervous; such as sighing respiration and frequent desire to take a long breath, alternated with short breathing.

Chest.—The symptoms noted in this section should not be all classed together—at all events when they are so, one is apt to miss the import of them. The first set of symptoms are those of constriction or tightness or oppression in the chest, and felt sometimes all over, in other cases in the lower part. This sensation is relieved by sighing. I think it clear that such symptoms are *purely* nervous. There is nothing to indicate anything more than this, while the absence of evidence of bronchial irritation, and at the same time the presence of much flatus in the stomach causing pressure on the diaphragm, sufficiently accounts for them; and, moreover, the relief obtained by sighing leaves little doubt. The second set of symptoms—pains and uneasy sensations confined to one part of the chest, are almost entirely found in the left side, in the præcordial region, or below the mamma. These pains seem to me more properly to belong to the section on the heart, and will be considered there.

The third set of symptoms pertain to the mamma, and are entirely from one prover. She complains of pains in the mamma, and always in the left, varying in character, as a dull pain, a constricted feeling, a dull aching, a

crampy, and sharp, cutting pain; going up into the shoulder, through to the shoulder-blade, and once down the left side as far as the lumbar region. These pains lasted for two months. They are probably sympathetic with the uterus.

The therapeutic indications would be the presence of troublesome pains in the left mamma, especially when sympathetic, as is usually the case, with uterine disorder.

Heart and Pulse.—In the case of the heart, we have unmistakable evidence of functional disorder, but nothing more.

1. There is in some provers only a dull, heavy, or pressive feeling in the region of the heart, but the most characteristic sensation is that of the heart being violently grasped.

This comes on suddenly *at night*, wakening the prover in a state of disquiet. This grasping sensation gradually relaxed, was relieved by rubbing and pressure, and interrupted the cardiac pulsations and the breathing. All the other pains in this region are worst when lying down at night, in bending forward, or in stooping. The heart symptoms in one prover produced shortness of breathing on going up a stair, or on walking exertion.

2. Palpitation. *Lilium* produces palpitation to a very considerable degree. This occurred chiefly at night on lying down, preventing sleep, and occurring also with the grasping pain which wakened the prover, and even the palpitation in one case was sufficient to awaken out of sleep. One female noticed that the palpitation, "like other symptoms, is less felt if she can busy herself much." Not only was this state of palpitation, &c., the experience of the female, but also of the male provers. One of these, a medical man, records as follows: "The heart's action was intermittent; every intermission was followed by a violent throb, causing an involuntary catching of the breath; at the same time the blood rushed up through the carotids, to the head, producing great heat, and a crowded feeling of the head and face; these symptoms followed me for more than a month, so constant were they that I became alarmed, fearing I might have misjudged the case, and instead of medicinal symptoms, I was really suffering from an organic disease of the heart, but a physical examination of the heart's action put my mind at rest; at the present time I have no trouble (after 50 days)."

As to the pulse, its rapidity was not influenced, but a medical prover records "pulse small and weak, as if the blood did not reach the radial artery in the usual quantity."

Therapeutically this proving points out *lilium* as a medicine likely to be of value in functional disorder of the heart, characterised by palpitation, worse at night, and on lying down, wakening the patient, and accompanied by various uneasy sensations about the heart, as feeling of weight or oppression, sharp pains, or the sensation as if the heart were grasped tightly.

Neck and Back.—As might be anticipated from the previously described uterine symptoms, pains in the back are much complained of; occasionally between the shoulders, but chiefly in lumbar and sacral regions, of a dull, gnawing, drawing, dragging, sharp, or down-bearing character.

Therapeutically, these symptoms are of value only in connection with uterine ailments, which produce these pains.

Superior Extremities.—Like several uterine medicines, *lilium* seems to be capable of producing pressing or tearing pains in the muscles of the arm and forearm, stiffness and painful sensation in the wrists and finger-joints. One prover records a sensation "as of an electric current," beginning in the index finger of the left hand, and going up the arm, and then the same in the right hand, continuing for several hours, with simultaneous coldness of the feet; and a feeling of pricking in both hands, going up the arms, with a sensation "as if the blood would press through the veins."

Inferior Extremities.—A feeling of weakness in the limbs is complained of, when walking, by several provers, with pains of an aching, boring, or sharp stitching character in the hips, in the muscles of the thigh and leg, the knee-joints, the ankle-joints, the top of the left foot and the toes.

Therapeutically, these symptoms point out *lilium* as probably of service in rheumatic-gouty pains, in women, subject to uterine disorders.

In the skin, there is nothing to note.

Sleep and Dreams.—There is a tendency to sleepiness through the day, with wakeful restlessness at night; uneasy and disagreeable dreams are complained of. One medical male prover records, "Queer, half-waking dreams, with burning heat the whole night; things occurring at short intervals appeared as if very long intervals were between, as

for example, when a child got up to pass urine, the intervals between getting up and passing urine, and going to bed again, seemed very long." There is a tendency to chilliness over the body, with cold hands and feet, especially in the evening, and hot, restless, feverish feeling at night, and a desire to put the feet out of bed, or in a cool place. Most of the symptoms are aggravated from 5 to 8 p.m.

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- Argentum*, i. 152. 2nd series, vii. 86. 3rd series, ii. 28.
- Ava*, ix. 218.
- Alcohol*, ix. 591; x. 50. 2nd series, ii. 616. 3rd series, i. 186, 473, 841; v. 556, 575, 591, 615, 653, 673, 692, 773, 793, 839, 897, 957, 998, 1,018, 1,036; vi. 19, 119.
- Ailanthus*—3rd series, i. 154, 175, 193; iv. 890.
- Argemone*, ix. 129. 2nd series, viii. 297.
- Arctopus*, x. 559.
- Amyl-Nitrite*—3rd series, i. 209; ii. 886, 421, 483, 680; iv. 623; v. 593, 674.
- Agrostema*, x. 349.
- Acorns*—3rd series, i. 966.
- Amylene*, xvi. 427; xvii. 239.
- Asarum*—3rd series, vi. 969.
- Asafetida*—2nd series, ix. 588.
- Æsculus*, iii. 849.
- Akazga poison*—2nd series, ix. 143.
- Aloes*—2nd series, x. 106; 3rd series, v. 827.
- Amaranthus*—2nd series, iv. 139.
- Apis*—2nd series, vii. 478.
- Andromeda*—2nd series, vii. 535.
- Baryta*, xi. 86. 3rd series, iii. 570; ii. 1,021.
- Bryonia*—xvii. 542; xi. 163.
- Bromine*—2nd series, ix. 75.
- Benzine*, vii. 517.
- Bromoform*, x. 423.
- Buddleia*, xi. 163.
- Brayera*, x. 15. 2nd series, iii. 20.

- Bismuth*, xvii. 625.
Betel—3rd series, iii. 547.
Bromal—3rd series, iv. 623.
Beetles—3rd series, ii. 4, 101, 141, 181, 189, 261, 821, 888, 428, 508, 521, 582, 582, 702, 748, 822, 862, 945, 967; iii. 726.
Bohemian Rosemary—3rd series, v. 897.
Butyric Acid—3rd series, v. 959.
Boldo—3rd series, v. 405.
Buxus—3rd series, i. 928.
Bufo—2nd series, iii. 291.
Copaiba, ix. 233. 3rd series, v. 67.
Coriaria—2nd series, v. 371; vii. 129. 3rd series, i. 565; ii. 281, 302.
Cannabis, ix. 143, 363; vi. 70, 127, 171; v. 88. 2nd series, i. 125, 530; ii. 225. 3rd series, i. 706; ii. 627.
Cytisus—2nd series, iv. 185. 3rd series, i. 682; vi. 275, 826.
Chloroform, ix. 394; vii. 413; x. 423; xviii. 295, 248. 2nd series, i. 432; xi. 495, 368; iv. 43; v. 90, 520. 3rd series, i. 286, 305.
Carbon, Oxides of—2nd series, iii. 531. 3rd series, ii. 157.
Conium, ii. 387; xvii. 488. 2nd series, ix. 58, 471; viii. 981, 413, 452, 601, 710; x. 489; vii. 129. 3rd series, vi. 496.
Carapa, ii. 841.
Carburetum Sulphuris, ii. 352, 777; vii. 517; 2nd series, x. 254.
Cantharis, ii. 391, 655. 2nd series, i. 888, 150. 3rd series, vi. 510.
Comocladia, v. 114.
Coffea, xiii. 381, 207. iv. 231. 2nd series, x. 549. 3rd series, iii. 487.
Carbazotic Acid, xvi. 167.
Colechicum, xvi. 529; xvii. 437. 2nd series, ii. 348; iii. 45. 3rd series, vi. 47.
Cicuta, xvi. 578.
Camphor, vi. 234; xii. 300. 2nd series, viii. 557; x. 557; iv. 474. 3rd series, iv. 412; v. 754, 1,082, 821, 408; vi. 472, 491, 906.
Croton—2nd series, ix. 388; vii. 550.
Coralline—2nd series, x. 546.
Carraway, xiii. 279; ix. 238.
Cloves, xiii. 279.
Cassa, xiv. 470.
Cadmium, xiv. 376.
Cassia—3rd series, vi. 909.
Cochlearea, xv. 449.
Cod Oil, ii. 100.
Cinnamon, ix. 233.

- Celosia*, xi. 168.
Cuprum, i. 152. 3rd series, i. 158, 874.
Chinese Poisons—xvii. 224.
Castoreum, xviii. 185.
Catha, xii. 268. 3rd series, ii. 421.
Cinchona—2nd series, ix. 78; xi. 870; iv. 561.
Crabs—2nd series, viii. 859.
Cynanchum—2nd series, ii. 496.
Cubebs—2nd series, ix. 589.
Carbolic Acid—2nd series, x. 48, 656; 3rd series, i. 874, 895, 985, 886, 775, 714, 795; ii. 286, 317; iv. 56, 851, 1,029, 907.
Clematis—2nd series, x. 174.
Carburetted Hydrogen—2nd series, ii. 43.
Cimicifuga—2nd series, ii. 460; xi. 160.
Chloral—2nd series, xi. 150, 198, 244, 464, 641, 700, 729.
3rd series, i. 145, 148, 649, 650, 667, 554, 718, 735, 986, 696; ii. 97, 369, 424, 484, 1,045, 570; iii. 1,081; iv. 628, 716, 796, 510, 684; v. 841, 678; vi. 666.
Caterpillars—2nd series, iv. 196.
Corydalis—2nd series, iv. 853.
Cerasus—2nd series, v. 97.
Carroval—2nd series, vii. 421.
Cornus—3rd series, iv. 201.
Colchicum—3rd series, iv. 559; v. 825, 828.
Cocculus, x. 428; 3rd series, iv. 808, 856.
Cocoa-nut—3rd series, ii. 24.
Convaleamrine—3rd series, ii. 265.
Cicuta—3rd series, v. 201; ii. 1,068.
Colocynth—3rd series, v. 797.
Cyperus—3rd series, ii. 502.
Chinoline Bases—3rd series, v. 868.
Carica—3rd series, v. 1,028.
Chrysanthemum—3rd series, vi. 468.
Calosanthos—3rd series, v. 1,029.
Clams—3rd series, v. 67.
Cuff's Fly Oil—3rd series, vi. 797.
Canarium—3rd series, vi. 102.
Charica—3rd series, vi. 303.
Coto—3rd series, vi. 301.
Daphne, i. 395-7.
Datura, xi. 170. 2nd series, iv. 158. 3rd series, iv. 8, 1014; i. 481; ii. 626.
Digitalis—2nd series, vi. 441; vii. 421. 3rd series, ii. 265, 828, 866, 865; v. 570, 741.
Dutch Liquid, vii. 516.
Drosera—2nd series, iii. 889.

- Dajasch*—2nd series, vii. 421.
Dalbergia—3rd series, i. 857.
Denna Nuts—3rd series, iv. 70.
Erythroxyton, ii. 660; xiii. 224; xiv. 162, 218. 2nd series, viii. 299; i. 616; vii. 83. 3rd series, i. 48; (compare Von Bibra's "*Die Narkotischen Genussmittel und der Mensch*"); v. 488; iv. 787; vi. 888.
Echites, vi. 23.
Erythrophleum (*Sassy Bark*), xvi. 238, 378; xiv. 470; xi. 271.
Eriodictyon—3rd series, vi. 781.
Euphorbia, ix. 162; 2nd series, ii. 435-6; vii. 550; 3rd series, iv. 148, 158, 201; ii. 1049.
Ether, vi. 886, 887, 476, 508, 850; vii. 245. 2nd series, xi. 648; 3rd series, i. 841; v. 960.
Elaterium, x. 168. 2nd series, i. 323.
Ethyl (hydrate, chloride, iodide, bromide, and sulphide), 3rd series, i. 841.
Ethyl, Nitrate of, vii. 516. 3rd series, i. 841.
Eupatorium—3rd series, v. 308.
Eucalyptus—3rd series, ii. 703.
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Ferrum, xi. 84. 2nd series, x. 605. 3rd series, ii. 675.
Fillaæ, xiv. 470.
Fevillea, v. 33.
Fish, xii. 844. 3rd series, iv. 359.
Fungi—2nd series, ii. 546; xi. 365. 3rd series, i. 42, 88.
Fucus Vesiculosus—2nd series, iv. 181.
Fusel Oil—3rd series, ii. 680.
Fruita de Gentio—3rd series, v. 585.
Glonoine, xvii. 544, 627; xviii. 290. 2nd series, viii. 38, 263; xi. 158.
Gymnena, vii. 351.
Gamboge, vi. 60.
Geoffroya, xi. 83.
Globularia, xvi. 426. 2nd series, ii. 481.
Gentiana, xii. 371.
Gaboon Poisons—2nd series, ix. 26.
Gelsemium—3rd series, iv. 998; vi. 481, 521, 561, 601.
Gastrolobium—3rd series, iii. 928.
Gas—3rd series, vi. 277.
Hydrocyanic Acid, ii. 25-31, 542, 777; iv. 373, 456, 510, 515; v. 140; vi. 57, 180; xiii. 632; xvii. 434, 486, 388; xvi. 484; xviii. 199, 246, 245; 2nd series, ix. 95; iii. 581, 147; xi. 39, 42; v. 282, 89. 3rd series, ii. 318; iii. 318, 1046; vi. 580.
Holly, xviii. 484.

- Hyoscyamus*, ii. 21. 2nd series. ix. 471; iii. 618; 3rd series, i. 907, 804; iv. 1014; vi. 224.
- Hura*, iv. 167; ix. 129; 2nd series, vii. 550.
- Hippomane*, v. 408; xi. 162.
- Homeria*, xi. 40 (see "*Flora Capensis Medicæ Prodrômus*." By L. Pappe, M.D.) 3rd series. v. 248.
- Helleborus*, ii. 202; xvii. 140; 2nd series, vii. 421, 621; 3rd series, ii. 265, 636; iv. 106.
- Heetoo*, xii. 587.
- Hydrocotyle*, xvii. 312.
- Hydrophobia*—2nd series, viii. 559.
- Hydrocarpus*, 2nd series, ii. 141.
- Hydrangea*—2nd series, v. 310.
- Hydrastis*—3rd series, iii. 604.
- Helianthemum*—3rd series, iv. 163.
- Holigarna*—3rd series, ii. 61.
- Janipha*, v. 29.
- Juniperus*, v. 141; ix. 233.
- Ink*, xiii. 187.
- Jalap*, ii. 331; xi. 521; xii. 502; 2nd series, x. 459.
- Jasminum*, xi. 163.
- Jeffersonia*, iv. 104.
- Iodides of the Ammonia series*—3rd series, iii. 953.
- Ipecacuanha*, 3rd series, iv. 575.
- Jaborandi*—3rd series, iv. 850, 911; v. 364, 464, 561, 574, 581, 641, 705, 826, 965, 781, 865, 1,034; vi. 24, 227-30, 570, 887.
- Jatropha*—2nd series, vii. 550. 3rd series, ii. 252, 863; v. 1,080.
- Isotropis*—3rd series, iii. 828.
- Kali Sulphuricum*, ii. 163; iii. 256.
- Kali Nitricum*, v. 357; vi. 188; xv. 140. 3rd series, iii. 961.
- Kali Bitartaricum*, iii. 259.
- Kali Bichromicum*, xvii. 385. 3rd series, iv. 847.
- Kali Cyanidum*—3rd series, i. 856; iii. 14, 36; vi. 897.
- Kali Bromidum*—3rd series, i. 567.
- Kali Carbonicum*—3rd series, ii. 175.
- Kinic Acid*—3rd series, iii. 388.
- Kokoona*—3rd series, ii. 541.
- Keroselene*—2nd series, iii. 216.

(To be continued.)

REVIEWS.

Eruptive Fevers. Scarlet Fever, Measles, Small Pox, &c. Being a course of Lectures on the Exanthemata, delivered at the London Homœopathic Hospital by W. V. DRURY, M.D., M.R.I.A., &c. London: Gould & Son, Moorgate Street. 1877.

THESE lectures have been published not for the delectation of the valetudinarian, or as a guide for the amateur doctor, but for the instruction of medical men and students desirous of learning how to apply homœopathy in practice. Regarding them, as we are glad to be able to do, in this light, we must confess to having read them with some degree of disappointment. That they contain abundant material of a good and useful quality we are happy at being able to admit. But they bear the impress of having been hurriedly and carelessly written, there is so great a lack of method in their arrangement, and the indications for the selection of remedies remind us so forcibly of the Jahr's repertory style, that we cannot look upon them as likely to be so serviceable in promoting an appreciation of homœopathic therapeutics as they would have been had their author bestowed more pains upon their preparation than he appears to have done. We regret very much indeed that Dr. Drury, whose experience has now been considerable, should not have presented us with a fuller and clearer statement of the therapeutics of the exanthemata than he has done, that he has not as elaborately demonstrated the connection between the pathology of disease and the pathogenesis of remedies as he might have done. The omission to do so has, we think, led him in some instances into error. Thus in *scarlatina simplex*, after pointing out the value of *aconite* and *belladonna*, and suggesting *ipêcacuanha*—which, by the way, bears no similarity to scarlatina in its pathogenetic action—as useful in allaying the tendency to sickness which occasionally appears at the commencement of this as of other fevers; and having referred to *belladonna* as the medicine in *scarlatina anginosa*, he names *ailanthus* as “likely to be of use when there is a miliary eruption” in this form of the disease, while in *scarlatina maligna* it is but casually mentioned. The proving of *ailanthus* points most distinctly to *scarlatina maligna* and to the very worst cases of *scarlatina anginosa*. It is in such that experience has proved it to be of service, while if experience has proved anything it is that *belladonna*, *rhus* and *arsenic* are quite incompetent to modify the course of this terribly malignant disease.

In the treatment of small pox Dr. Drury lays great stress on the value of *thuja*. This medicine was, as he states, recommended by Boenninghausen. It was so, we believe, on the

ground that during the proving one prover observed a small vesicle, which subsequently became pustular, on one knee. This surely is a very faint indication for the selection of a remedy! In no other respect do the symptoms traceable to *thuja* resemble those produced by variola. Of much greater value, and much more similar in their pathogenetic action, are such medicines as *mercury*, *tartar emetic*, and *arsenic*, all of which Dr. Drury refers to, but he seems to regard them as being of less importance than *thuja*—a conclusion which neither experience or a study of the provings seems to us to justify.

The volume concludes with an interesting essay on vaccination.

We observe at page 46, in a foot-note, that Dr. Drury states that "it is to be regretted that the board of management" of the London Homœopathic Hospital "have not seen their way, or have not overcome difficulties, so as to have largely increased their staff of nurses, as there is a constant demand for their services. It would also have been a great boon if they could have opened a few rooms for patients willing to pay a small sum weekly." Our readers will be surprised to learn that when, a few weeks ago, a carefully prepared scheme for carrying out these two, among other proposals, was presented by the board to the governors and subscribers, Dr. Drury—the writer of the passage we have quoted; the advocate of the changes proposed by the board—appeared as its most strenuous opponent!! How he reconciles his lecture with his speech at the meeting, and his subsequent demand for a poll, we leave to the imagination of our readers—to do so is beyond ours.

Taking Cold: The Cause of Half our Diseases. By. J. W. HAYWARD, M.D., &c. Sixth edition, revised and enlarged. London: E. Gould & Son. 1877.

It seems but the other day that we noticed the publication of this useful and popular little volume, and yet another edition has made its appearance. We congratulate the author on the success his work has achieved, and we do so the more readily as it is well deserved. Each edition as it has appeared has done so with an increase of matter. On the present occasion Dr. Hayward enters more fully than he had previously done into the symptoms and treatment in their earlier stages of many of those acute disorders which are traceable to "a chill." He does so in a plain and simple manner, and a reference to his pages and attention to his instructions will often prevent the full development of what would otherwise have been a serious illness.

NOTABILIA.

"HOMŒOPATHY PAST AND PRESENT."

THE *Medical Press and Circular* of the 18th ult. devotes three columns to the setting forth of what it supposes homœopathy was, and is. It will excite some amusement, doubtless, when we inform our readers that the writer of this article seeks his information, as to the past history of homœopathy, in a pamphlet of twenty-eight pages, published by Mr. Brodripp in 1851, entitled, "*Homœopathy Unveiled*;" and in one by Dr. Roberts on "*Homœopathy in Manchester contrasted with its alleged Principles*," which appeared in 1862! Imagine a writer against Christianity going for his information on the subject to the works of Tom Paine or Voltaire! Precisely the same is the course taken by the *Medical Press and Circular* on this occasion. Both the authorities cited are men whose books prove them to be ignorant of homœopathy, neither of whom has made any enquiry into it, beyond skimming some of Hahnemann's writings, apparently for the purpose of misrepresenting homœopathy, with the object of describing as homœopathy those views of Hahnemann, pathological and posological, which have always found their warmest opponents among such as have acknowledged the soundness of his therapeutic principle of *similars*. Mr. Brodripp's is a short but pretentious pamphlet. He urges his readers "not to reject without investigation," and "before you condemn," he adds, "fairly examine." The remainder of his essay shows clearly enough that his "investigation" was a farce; that he condemned homœopathy without any *fair* examination. He purposed to himself "to study the doctrines and principles of the system, to test the homœopathic medicines, and to witness the practice as seen in the hospitals." This is precisely the course we desire that every medical man should adopt. How did Mr. Brodripp carry it out? He in the first place simply denounced Hahnemann by stating that he "by a false generalisation has built upon the doctrine *similia similibus curantur* a superstructure entirely fictitious and imaginary." He bolsters up this assertion by saying, that, with certain exceptions, it is a mis-statement of facts to represent medicines as capable of producing symptoms corresponding to real diseases." Again, he adds, "we have reason to believe that the great majority of medicines have certainly no specific power," but he omits to tell us what the reason is, or how it has been arrived at. "Lead," he tells us truly, "will give rise to the symptoms of colic and of paralysis, but," he adds most untruly, "it will not cure those affections." The experience of those who have used preparations of lead in cases of colic and paralysis similar to

those forms of these diseases it produces, is that they will cure. In opposition to Mr. Brodrripp's assertions, we place the experience of homœopathically-practising physicians in all parts of the world. This experience has abundantly shown that drugs are capable of producing conditions resembling diseases. That when used in a homœopathic direction the majority of medicines—indeed, we may truly say all medicines—have a distinctly specific power. Assertions to the contrary made, as in the case of Mr. Brodrripp, without any investigation worthy of the name, are both misleading and valueless. On the second point, he tells us that he took globules of certain medicines for a fortnight, daily, without producing any physiological action. The number of persons who, *in health*, are liable to be influenced by globules is very small, in the first place; and in the second, probably none are so who do not, while testing them, adhere with great strictness to a dietary from which all medicinal substances are excluded. Whether Mr. Brodrripp was one of the first class we are not told; but a general practitioner who has passed thirty years of his life amid the drugs of a surgery is not likely to be so—and such was Mr. Brodrripp's position when he made these so-called experiments. Neither do we learn anything of his mode of life. Hahnemann laid down very rigid rules for his provers to follow while making their experiments, and we may be sure that so dogmatic a person as he was would see that they were thoroughly carried out. Of the results of Mr. Brodrripp's enquiries at homœopathic hospitals we have no information at all!

This pamphlet does in no degree "unveil" homœopathy. That has, indeed, been done many a time and oft during the last fifty years in this country; but Mr. Brodrripp's effort to do so only unveils his ignorance of what homœopathy is, of the action of drugs, and of the results of the homœopathic selection of medicines in disease.

And this is one of the books to which the editor of the *Medical Press and Circular* has the assurance to direct its readers for a knowledge of what homœopathy was in the "past!"

The other *brochure* to which the *Medical Press and Circular* refers for information as to what homœopathy is, commences by stating that "although *similia similibus curantur* is the fundamental doctrine of homœopathy, and is, indeed, embalmed in its very name, it is not, for all that, its most prominent feature to the perception of mortals." This depends very much upon the character of the "mortals" who propose to themselves to ascertain what homœopathy is. If they are "mortals" whose chief desire is to induce people to refrain from resorting to homœopathic physicians, if they are "mortals" whose end is to ridicule rather than investigate homœopathy, if they are "mortals" who desire to represent homœopathy in a light which shall afford to

their medical brethren an excuse for not prosecuting any enquiry into its alleged value, then we can understand that it is desirable that what all who have studied homœopathy and have adopted it as the basis of their practice regard it as meaning should be lightly esteemed, and that a something, which is in reality no more than a corollary of it, should be put in its place. In the view of Dr. Roberts, homœopathy consists in giving infinitesimals, and infinitesimality is not reached before the 3rd dilution of a drug! Consequently all who prescribe medicine in doses larger than the 3rd dilution do not practise homœopathy, and hence homœopathy is a "mock science," and those who practise it are "mock practitioners!" Dr. Roberts collects a number of prescriptions containing medicine ordered in doses varying from half a drop to the one thousandth of a drop. Such doses he assumes are allopathic. Were they so the evil done to the sick by drug prescribing would be far less than it is. Dr. Roberts also details the particulars of some thirteen prescriptions where the dosage is not much less than that ordinarily ordered. These are all instances of palliatives, of morphia given to quell the pain of incurable disease, of purgatives ordered to relieve the bowels of their contents—a relief rendered necessary by some obscurity in the disease preventing the practitioner from ascertaining the specific remedy.

Here, then, is another of the "authorities" to which the *Medical Press and Circular* draws attention as providing all the information requisite to form a correct idea of what homœopathy is. A book which to all intents and purposes ignores homœopathy itself, and devotes its pages to misrepresenting the practice of those who advocate it.

Passing to a notice of the leading article in our last number, the writer quoted our definition of homœopathy, adding "we must remember that this is not the homœopathy of general practice." We feel that we know somewhat of the homœopathy of general practice, and that we are at least as competent to form an opinion of what that is, as is the writer of the article we are examining; and we again assert that the definition we gave of homœopathy is a correct one. A similar definition has been repeatedly given in this *Review* since its first publication, more than twenty years ago!

Commenting upon the four propositions we gave as defining homœopathy, the writer denies that medicines do produce symptoms resembling disease. We pity the ignorance of any medical man who can make such an assertion. The provings, he says, of homœopathy are "a mere chimera and fiction." This is an unsupported, and therefore worthless assertion. That it is so is proved by the fact that it is from our provings that the value of many drugs in certain morbid states has been deduced; that

these very drugs are, in such conditions, recommended by Ringer, Phillips, Wood, and others, and daily used by men who decry homœopathy. But for these provings a large proportion of the practical hints as to using drugs, with which Ringer's *Manual of Therapeutics* abounds, would never have been known! Let the writer read Dr. Hughes' recently published lectures on *The Sources of the Materia Medica*, before he again presumes to set aside, as a chimera or fiction, the provings to which we, and indeed the entire profession of medicine, stand so indebted. The third proposition—that the amount of drug given to cure be less than that required to produce disease—is self-evident to most men; by the writer in the *Medical Press and Circular* it is dismissed as unreliable. The fourth—the single remedy—is not thought objectionable if the other propositions are true, and we are told that we have not adhered to it in the past, and will do less so in the future. Our critic becomes prophetic!

Finally, we are assured that “scientific and legitimate medicine”—whatever that may be—“wedded to no therapeutic law, but guided by experience, will prosper and flourish,” &c. It is, we reply, experience that guided us to the law of similars, and it is experience that has confirmed its truth and value.

Any who desire to know what homœopathy is, will find much sounder and more reliable information in the works of those who have investigated it in the study, and tested it at the bedside, than in the writings of those, whose sole desire in writing at all, has obviously been to distract professional attention from it. Of information there is no lack. Sharp, Dudgeon, Drysdale, Henderson, *cum multis aliis*, leave all who ought to study homœopathy without the excuse of deficient opportunities for doing so; while these have been added to by the recent establishment of a School of Homœopathy, where homœopathy is taught by those who have made a special, practical and careful study of it. It is from men who have done so that any real knowledge of it can alone be acquired.

THE WYLD-RICHARDSON CORRESPONDENCE.

THE following very interesting and suggestive letter has been addressed by Dr. RABAGLIATI, surgeon to the Bradford Infirmary, to Dr. WYLD, and as he has consented to its publication, we have much pleasure in presenting it to the consideration of our readers.

“95, North Parade, Bradford,
“26th June, 1877.

“Dear Sir,—I have been very much interested in your letter of 26th May to Dr. Richardson, published in the *Times* of

1st June. Absence from home prevented my seeing your letter until two days ago, otherwise I should most probably have written you sooner. I do not know whether you saw a letter of mine in the *British Medical Journal* of 5th May, upon "The Hippocratic Medicine." If not, please let me draw your attention to it, as bearing upon the subject of your communication. I am not a homœopathist for the same reason that I am not an allopathist, or a hydropathist, or a "pathist" of any kind; because I think nature is bound down by no "pathy." For a long time, however, I have seen reason to regret more and more deeply the unfortunate attitude assumed by what is called orthodox medicine to the homœopathic school, as well as to deplore the sectarian intolerance which has seemed to me sometimes to actuate the latter. It is needless to observe that a bigoted sectarianism, which designates one set of men as either knaves or fools, and another as wilfully blind and prejudiced, is quite incompatible with the calm and dispassionate spirit that should actuate the seeker after truth. I have always felt that there was no sufficient reason why two schools of medicine who could not help agreeing with each other on the fundamental facts of chemistry, anatomy, physiology, and pathology, should refuse to meet at the bedside of the sick because they were not agreed as to treatment. I know, of course, that it is said the two modes of treatment are incompatible—that the one must counteract the other—that we cannot serve God and mammon, &c. It is because I do not agree with this opinion, and because I think that a careful investigation of nature indicates the common ground upon which both modes of treatment stand, that I am now writing you this letter.

"If for a moment we throw aside names, which are the servants of wise men, but the tyrants of fools, I think we shall find that the controversy resolves itself into one or two very simple questions. The fundamental one, so far as I can see, is how small a dose can affect the economy, because in my experience the denunciation which homœopathy has received has been based rather upon the assumed absurdity of expecting appreciable effects from inappreciable doses of agents, than upon the assumed falsehood of its principle. The answer to this, it seems to me, can be only the following: Posology must be settled entirely by experiment. No *a priori* considerations can settle a purely experimental question of this sort. It seems to me further, that one of the greatest facts with which homœopathy has acquainted the profession is that some remedies may and do act in doses very much smaller than was formerly supposed. I do not say that this is the whole of the cause, but in my opinion it certainly is a great part of the cause of the cessation of the heroic in modern orthodox treatment. I have indeed

frequently regretted what seems to me to be the want of frankness which has prevented the orthodox school from making this admission. No one, I think, who has thought it his duty to read homœopathic manuals of *Materia Medica* can have failed to note the similarity both of arrangement and matter, which obtains between them and the contents of the work of a recognised orthodox authority like Dr. Sidney Ringer. If any one will think of it he will scarcely fail to observe that the medicines which the homœopathist delights to administer are generally powerful agents like *arsenic*, *belladonna*, *aconite*, *strychnia*, *bichloride of mercury*, &c. Being very powerful, these remedies may be administered in small doses with very appreciable result. On the other hand, if a practitioner deals with preparations of iron or quinine, he measures his doses by grains, in order to obtain the same effects as are got from thousandths of a grain doses of the more potent remedies. But it is surely a sarcasm on modern medicine when a practitioner who recommends his patient to take 1-1000th of a grain of arsenic three times a day as a tonic, refuses to have any professional intercourse with his brother, who recommends ten drops of tincture of steel for the same purpose. Or *vice versa*!

“The second great question which appears to me to be fundamental is this: Do remedies exert in small doses an action contrary to that which they exert in large doses? The application of the law of similars seems to imply that they do, since that principle asserts that to cure certain symptoms we ought to administer in small doses a remedy capable in large doses of inducing symptoms like those in question. The wonderful and striking effect of such a remedy as *ipêcacuanha* in the cure of some sorts of vomiting, or of *arsenic* in curing some kinds of diarrhœa have lent so much weight to this theory as quite to have proved it to the minds of many. Nevertheless I venture to say that it is totally untenable. Its assumption is, in my opinion, one of the fundamental fallacies of homœopathy. The true law, I believe, is that which I have stated as No. 2 in the letter to which I have referred you in the opening of this. The law is there stated in these words:

“All remedies whatever which affect the economy exert a two-fold and contrary action in time. If we call these action and reaction, or primary and secondary, then we may otherwise state the law in this form; that the secondary action of any and all acting remedies is contrary to the primary.

“Illustrations of this law meet us at every point. The reaction after the depression caused by exposure to cold, which we dignify by the name of inflammation, is an example of it; so is the glow of warmth after a cold bath. Such is also the fever which succeeds the collapse due to injury; and the general con-

gestion succeeding the primary depression caused by the reception into the body of organic matter in a state of change. In the region of *Materia Medica*, illustrations are also numerous and unailing. *Aconite* first paralyses the involuntary muscular coat of the capillary vessels of the heart, and, if the dose be not sufficient to ensure the cessation of all action, there succeeds a reaction showing the symptoms of fever. *Arsenic* first causes spænaemia of the mucous membrane of the stomach and small intestines, and secondarily it causes hyperæmia of the same, which manifest themselves in vomiting and diarrhœa. *Castor-oil* and all purgatives first cause excessive action of the mucous membrane, showing itself in diarrhœa, and secondly, diminished action, showing itself in constipation; and so on through the catalogue.

"Now when the homœopathic practitioner administers small doses of *aconite* to cure feverishness, or small doses of *arsenic* to cure vomiting or diarrhœa, such as larger doses of *arsenic* would be likely to cause, what he really does is this. He induces the action of *arsenic* or of *aconite* to combat its reaction. He thinks that the action of the small dose is the opposite of the action of the large dose, but the truth is that after the occurrence of a certain amount of action (which is the effect of the small dose) there takes place a small amount of reaction which, being inconsiderable, escapes notice; but after the large dose the reaction is so great as to appear to be the chief action. Hence it cannot be overlooked. The truth further seems to be that the effect of remedies is directly proportioned to the quantities acting, and to the weakness of the persons acted upon, or inversely as their resistance.

"These views, it seems to me, bring law and order into the domain of empiricism and eclecticism. They show how homœopathy has been a great empirical generalisation (because it has chiefly concerned itself with symptoms), but that the law referred to, and which homœopathy has just failed to state, is what determines its success. Other criticisms of homœopathy occur to me, as, for instance, that its law takes no account of the cure of simple inflammations by cold, the very same cause as (not similar to) that which induces them. But it appears to me that if a homœopathic practitioner should wish to see an allopathic, or *vice versa*, or if the patient attended by the one should desire a consultation with a practitioner of the other school, there are no reasons which ought to continue to prevent the one practitioner from meeting the other, and giving the patient the benefit of their joint advice. At least, I for one am in strong hopes that a sectarian animosity, which should never have arisen, may come to an end some day or other.

"I am, dear Sir, Yours faithfully,

"A. H. RABAGLIATI, M.A., M.D.,

"Surgeon Bradford Infirmary.

"GEORGE WYLD, Esq., M.D."

THERAPEUTICS OF ERYSIPELAS.

IN the *Edinburgh Medical Journal* for last December Mr. Cochrane contests the reputed value of muriated tincture of iron in erysipelas—a mode of treatment whose warm advocate is Dr. Charles Bell. After denying that except during convalescence this drug has any of the virtues ascribed to it by Dr. Bell, Mr. Cochrane remarks that—

“In aconite we have, most certainly, a much more reliable drug for the treatment of erysipelas, and it fulfils the indications for treatment of the disease, controlling, in a marked manner, the inflammation, and decreasing in a wonderful way the high temperature. The clinical thermometer shows how decidedly we depend upon aconite. If Dr. Bell has not tried this latter drug, I would urgently advise him to do so in his next case of erysipelas or even scarlatina, and he will be surprised at the results.

“Professor Sydney Ringer, in his ‘Handbook of Therapeutics’ strongly advocates the administration of aconite in erysipelas and other forms of inflammatory disease; and from my own observation of the effects of this drug, I can most heartily coincide with his recommendation. Professor Garrod, on the other hand, does not appear to be favourable to the employment of the drug, on account of its dangerous properties. He also avers that its effects are merely temporary—a statement which is utterly opposed to truth.

“With *small* doses, which are as fully effective as large ones, and with careful watching of the pulse, there need be little fear of its proving hurtful, whilst it has a decided action in lowering the excessive temperature.

“In conclusion, it is as well to bear in mind that, as medical science is not yet perfect, we must not expect a mere ‘fixed treatment’ to suit all forms of the disease; but, as time advances, mines of wealth, regarding pathology and the exact action of drugs, may be laid open to benefit the human race.”

PILOCARPIN MURIATICUM

Is the active principle of *jaborandi*, a drug which has been the subject of some investigation during the last two or three years. Dr. Curschmann, the Director of the Berlin City Tent Hospital, has recently instituted some enquiries respecting it, and communicated the results to the Berlin Medical Society in a paper which subsequently appeared in the *Wochenschrift* for June 18. From an abstract of this essay in the *Medical Times and Gazette* we make the following extracts. Dr. Curschmann's conclusions are, we must premise, based upon ninety experiments on fifty-five

adults, part of whom were ill, and part convalescent or in health. He employed a 2 per cent. solution, using it hypodermically, injecting from one to one-and-a-half gramme, and therefore 0·02 to 0·03 of the *pilocarpin*.

"The general effects which ensue correspond pretty exactly with those caused by the *jaborandi*; but they are produced more rapidly and more certainly, and are more durable. The first sign, observed in almost every case in the course of, or at the end of, the first minute, is turgescence and redness of the face, that soon spreads to the neck and chest—the carotids and temporals pulsating forcibly, and the latter appearing in many cases dilated and strongly prominent. Within from three to six minutes the increased secretions of saliva and sweat appear, the latter in almost all cases continuing longer than the former, sometimes for one or more hours longer. In all the ninety cases sweating was induced. The sweating begins on the face, and soon invades the chest and abdomen, whence it proceeds gradually, if sufficient *pilocarpin* has been injected, to the lower extremities. After a small dose, or when the patient is little sensitive to its action, the legs, or even the thighs, may remain quite dry, or only moderately damp. In several highly sensitive persons the highest point of its action was denoted by slight chills, and in two by decided shivering. In about half the cases there was more or less considerable increase of the lachrymal secretion, which, however, never was distressing. The contemporary discharge from the nose seemed dependent on this, for no independent secretion from the nose was observed, nor any from the remainder of the mucous membrane of the air-passages. In the great majority the pulse rose at the beginning of the action of the *pilocarpin* five or six beats, and in a few cases twenty beats; but within the first half-hour it had usually resumed its normal condition. In a few instances its character remained unaltered, but in most there were dilatation and diminution of the tension of the arterial tube. No increase in the frequency of respiration was observed in either patients or healthy persons. A few cases in which the temperature was taken exhibited the same results as those obtained by Riegel and Bardenhewer—viz., that at the height of the influence of the drug the temperature sank half a degree.

"Dr. Curschmann furnishes several details of the quantity of saliva discharged, which is shown to be dependent on the amount of the dose given. Some persons, however, are extremely sensitive to the action of the *pilocarpin*. Thus, a strong, healthy man who came into the hospital for some trifling external ailment, discharged in the course of two hours and a half 280 cubic centimetres of saliva after a single injection of 0·01 of *pilocarpin*. Sweating, which under *jaborandi* is not a constant occurrence, has always

been produced abundantly by pilocarpin. In some very susceptible persons profuse sweating has been produced even by 0·01, and only one person remained exempt from it when the dose of 0·02 was employed, and he sweated abundantly on the dose being increased. The employment of 0·03 produced greater and more durable sweating than was required, and might be disadvantageous to feeble persons. The sweating under the full action of the remedy continues from one hour and a half to two hours, in many cases only an hour; and it is as profuse as from a vapour-bath, wetting through all the body and bed-linen. In ten cases the person was weighed, in order to ascertain the amount lost by sweating, all food and drink being in the meantime abstained from. After abstracting the weight of the urine and saliva discharged, that of the sweat was found to reach one or two kilogrammes, or even two and a quarter—showing that sweating is a most powerful factor in the action of pilocarpin, and not, as it has sometimes been considered with reference to *jaborandi*, an uncertain appendix to its sialagogue action. The pilocarpin does not seem to exert any direct influence on the secretion of urine, for although during the sweating and salivation its quantity is of course proportionately decreased, it is free from abnormal constituents. In thirty of the cases the condition of the pupil was carefully observed, and no decided influence was produced by the subcutaneous injections. But when a few drops of a 2 per cent. or stronger solution were brought in direct contact with the conjunctiva, decided contraction was induced in from five to ten minutes, which persisted for hours, and traces of which were even observable next day."

THE LONDON SCHOOL OF HOMŒOPATHY.

DRS. BLACK, DUDGEON, DRYSDALE, and KER, have recently issued a second circular regarding the London School of Homœopathy. We notice it chiefly for the purpose of correcting an error regarding the nature of the replies to certain resolutions circulated by Dr. Pope. Dr. Black and his colleagues state—"We are informed by Dr. Pope that he has received 121 replies to the 287 letters posted—eighty-six of them were favourable to the resolution, thirty-five were not favourable." This is scarcely an accurate statement of the results obtained. It is quite true that eighty-six were favourable, but it is incorrect to say that thirty-five were unfavourable in the ordinary interpretation of that word. There were in point of fact only TEN who refused to sign the resolutions absolutely. The remaining twenty-five did not sign because they declined to take any part in the matter whatever. They were neutral, not unfavourable.

We cannot but regret that this circular foreshadows the continuance of an agitation that has already done serious injury to the School; an agitation which, supposing it resulted in accomplishing the wishes of those who have set it on foot, cannot possibly accomplish any good. The School has received a name, and that name was conferred upon it by the only body qualified to give it one, viz. : those who had called it into being.

The idea of our lectures being recognised by the Examining Boards as a part of a medical curriculum is, we are perfectly certain, utopian. All that we ought to aim at at present is the supplying a course of instruction not provided elsewhere. In a few years' time, if our efforts are not thwarted by a constant and useless agitation, we trust that we shall have so far influenced existing teaching that we shall find not merely the results of homœopathy taught as empirical facts, but its principles inculcated as the basis of a scientific therapeia.

We have been requested to publish the following communication :—

“The Summer Courses of Lectures on *Materia Medica* and *Therapeutics*, by Dr. Hughes, and those by Dr. Dyce Brown, on the *Principles and Practice of Medicine*, will terminate at the end of the current month (July).

“On the 1st of October the Winter Session will commence, and it is to be hoped that those who are interested in the welfare of medical science, in its widest aspects, will endeavour by their influence to persuade their medical friends and medical students to avail themselves of the means thus afforded them of obtaining a fair knowledge of the treatment of disease by homœopathic remedies, and on homœopathic indications.

“Particularly it is recommended that *first-year's* students should attend one year's course of these lectures, at the commencement of their career, since there is so much misrepresentation (often wholly unintentional, we believe) of the principles and practice of our newer system, given in the ordinary schools by lecturers and teachers, that it behoves us to get the principles of our science clearly and practically set before the young student, so that he may not be misled or prejudiced in the very outset of his career.

“Our courses are extra-academical, and thus add to the work of the young student, but it will be time well laid out, since it will place him in the position of being able to weigh the relative advantages of the two systems of treatment fairly and impartially, and I venture to say that nothing will ever be said by either of our two excellent lecturers which will diminish their respect for the academical teaching they are passing through at the other hospitals and schools; our object is not antagonistic, but complementary. We desire to place the treatment by ‘*similars*’ fairly

before our students, and it will be a great advantage to the learners to see at the same time the exemplification of the treatment by 'similars' in our School and Hospital, and of the treatment by 'contraries' in the Schools and Hospitals of the older system.

" WILLIAM BAYES, M.D.

" *Hon. Sec.*

" I append our List of new Subscribers and Donors since last month."

Amount already acknowledged, £3,487 2s. 0d.

New Medical Governors in addition to those announced last month.

* Clement Williams, Esq., M.D.	£1	1	0
* Christopher Williams, Esq., M.D.	£1	1	0

New Subscriptions and Donations.

Thos. Scott Anderson, Esq. £20	0	0	Mrs. Markwick	£1	1	0	
E. Clark, Esq.	2	2	0	Miss Richmond	1	1	0
Rev. W. H. Curtler	10	0	0	Major Ross	1	0	0
Mrs. E. Douglas	5	0	0	E. Underwood, Esq.	1	1	0
* Fred Elger, Esq.	1	1	0	E. Ward, Esq.	2	2	0

* Indicates annual subscriptions.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, to Dr. BAYES, Hon. Sec., or to

August, 1877.

FRED. MAYCOCK, *Secretary.*

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to the London Homœopathic Hospital during the month ending July 19th, gives the following statistics :—

Remaining in Hospital June 21st, 1877	57
Admitted between that date and July 19th.....	37

—
94

Discharged between June 21st and July 19th ...	43
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Remaining in Hospital, July 19th, 1877	51
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The number of New Out-Patients during the above time has been	409
The total number of Out-Patients' attendances for the same period has been	1,681

CORRESPONDENCE.

HOMŒOPATHY.—DR. WYLD'S LETTER.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The British Homœopathic Society having declined to sanction Dr. Hughes' resolutions, on the ground that they were inopportune, will you oblige me by inserting the following in your pages.

1.—In the *Lancet* of June 2nd an article entitled the "Homœopathic Schism" appeared, from the able pen of Dr. B. W. Richardson, in which he enclosed a letter from Dr. Wyld, Vice-President (for the year) of the British Homœopathic Society, offering to abandon the use of the words "homœopathy," or "homœopathic," provided such a sacrifice would ensure his re-admission to the medical societies of the ruling school, and would regain him professional intercourse with the entire medical body.

2.—I venture to send you a few lines in answer to very numerous enquiries already addressed to me. Dr. Wyld's letter is (as he states) non-official—it is simply the expression of his own personal opinion; and the proposition he thus publicly makes has not the sanction, at present, of any of our public bodies, nor of any large number of our practitioners, nor do I think it represents the wishes, or aspirations, of any considerable section of our branch of our profession.

3.—Owing to circumstances, I have evidence that Dr. Wyld is in error when he says, in reference to homœopathic practitioners, that it is now the practice to make frequent use of all remedies of a simple kind, such as occasional aperients, anodynes, opiates, anæsthetics, tonics, &c., and he is still further overstating his case when he speaks of the use of infinitesimals as being all but abandoned by a large number of homœopathic practitioners.

In the year 1872 I made a careful enquiry into the practice of the practitioners of homœopathy in this country. I received 173 replies to my enquiry; of these 129 habitually used the infinitesimal dose, while 44 chiefly used, what Dr. Wyld calls, tangible doses; but even these last were, as a rule, in the habit of giving doses very much more minute than those used by the men of the older school. The frequent use of aperients, anodynes, &c. (as mentioned above) is almost wholly confined to the practice of the "tangible dose" men.

4.—We do not admit (and never have admitted) that those physicians and surgeons who have studied and practised homœo-

pathy, have assumed a *sectarian* position. Our separation from the main body of the profession has not been of our own seeking. In matters of science there can be neither orthodoxy nor heterodoxy, and the adoption of a new theory or practice in medicine cannot fairly be call sectarianism.

5.—We deplore the narrowness of the view taken by the ruling majority of the medical profession, which denies us our full and legal rights within the realm of medicine, but we are content to bide our time, until the special system of therapeutics (of whose teachings and practice we are the trustees for the public weal) shall win its way by its own inherent curative merits, and re-instate us in our position within the hospitals, and in our membership in the medical societies from which we are now unjustly excluded.

6.—Our chief reason for opening Homœopathic Hospitals, forming Homœopathic Societies, instituting a School of Homœopathy, publishing Homœopathic Journals, &c., is that we are unfairly excluded from practising homœopathy within the general hospitals; we are unjustly ostracised from membership in the medical societies; we are precluded from teaching the treatment by “*similars*” in the existing schools; and our cases are refused when reports of them are sent to the medical journals. Hence, we (who have given practical effect to the treatment by *similars*, which, though recognised by Hippocrates 2,000 years ago, has been neglected and undeveloped) are compelled to provide special hospitals, societies, schools and journals, not because we are sectarians, but in order to save the profession from the sectarianism into which it has fallen, by its neglect to cultivate one side, and (as we believe) by far the most important side of drug treatment.

7.—As to the persecution which has fallen on us, for our determination to uphold the value of the rescued science of “*treatment by similars*” (*i.e.* of homœopathy), we do not find it intolerable. We are sustained by our consciousness of well-doing; by the knowledge that science is progressive; and by the daily and visible approach, which every new discovery in medical science makes, to the elucidation, and therefore towards the recognition, of the scientific position of homœopathy.

8.—Far from regarding Dr. Wyld's proposal with favour, the majority of our practitioners hold an entirely different view as to the proper mode of healing the breach between the two branches of medicine. The ruling school have wrongfully thrust us out, because we have cultivated a field of medical science which they have hitherto neglected. Let them restore to us the position which is rightfully ours. As soon as they give us our legal rights, as registered physicians, in their hospitals, societies,

schools and journals, the necessity for our special hospitals, schools, societies and journals will have passed away, and we shall gladly merge ourselves into the main body of medical practitioners. Give us the right of medical and scientific freedom within the profession and we are willing to re-enter its portals ; but we are not willing to do so while rules exist which bind down its members to abstain from examining into, and practising openly (if they see fit), a special branch of medical science, which we know to contain a great medical truth, perhaps the greatest in the whole field of therapeutics.

9.—Meanwhile it is only the weak who wince under the unmerited lash of persecution, the strong are strengthened by opposition. Harriet Martineau justly says:—"Human pride and prejudice cannot brook discoveries which innovate upon old associations, and expose human ignorance, and as long as anything in the laws of the universe remains to be revealed, there is tolerable certainty that somebody will yet be persecuted, whatever is the age of the world."

I am, yours truly,

WILLIAM BAYES, M.D.

4, Granville Place,
Portman Square, W.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—After my note published in your July issue, your readers will be looking for a communication from me in the present number ; and silence on my part might lead to the false impression that the British Homœopathic Society had rejected the resolutions I mentioned as about to be brought before them. It is, therefore, my duty to state that the Society has declined to discuss these on their merits, having decided by a considerable majority that any action on its part would be inopportune and unnecessary.

As, however, I have no reason to doubt that the substance of the declaration I proposed would have met with pretty general acceptance, I would ask you to insert it as an appendix to this letter. It will be for our colleagues to consider whether these or some equivalent resolutions should be brought up for adoption by the British Homœopathic Congress at its meeting in September.

I am, Gentlemen, faithfully yours,

RICHARD HUGHES.

9, Victoria Chambers, Westminster.

"That the members of the British Homœopathic Society, having regard to the correspondence and the comments thereon contained in the *Lancet* of June 2nd, do hereby declare:—

"1. That they are well aware of the false position in which they are placed, and entirely sympathise with the desire that has been expressed for re-union with their professional brethren. But they cannot, for the sake of such re-union, sacrifice the convictions for maintaining and acting on which they have been ostracised, and which they continue to cherish with unabated sincerity and earnestness.

"2. That, while holding themselves at perfect liberty to do whatever they think best for their patients, and therefore to employ not merely such non-medicinal agents as heat and cold, electricity, &c., but also drugs themselves in other than homœopathic applications, they do not consider the use of the last-named at all a frequent necessity, and they regard, as they have always done, *similia similibus curantur* as the rule of their practice.

"3. That they continue to reckon the efficacy of (so-called) infinitesimal doses a real discovery of Hahnemann's, second in importance only to his establishment of *similia similibus* as the law of specific medication. They hold as entirely open questions the degree to which attenuation should be carried, and the *relative* merits of infinitesimal and substantial doses ; but as to the *positive* virtues of the former they have no doubt whatever, and they continue to make more or less extensive use of them in the treatment of their patients.

"4. That they claim for these their opinions and practices the liberty which is due to every qualified medical man ; and only by this being accorded to them in the fullest degree can they give up the special institutions which seem to make them a separate body, but which they have been compelled to establish because of their exclusion from the journals, societies, and hospitals of the profession at large."

THE LONDON HOMŒOPATHIC HOSPITAL.

ITS DETRACTORS AND OPPONENTS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In consequence of the article in your July number containing a statement of the financial needs of the Board of Management, and of the opposition made to the vote of supply by Drs. Quin, Drury, M'Kechnie and Carfrae, I (as an old subscriber to the Charity) visited the Hospital, and inspected the improvements carried out, already, as well as made personal enquiry into those proposed, and I venture to think, the report of my personal inspection of this admirable charitable institution, may interest your readers ; and first, let me suggest to all the Governors of the Hospital, to its present subscribers, and to all who take an active interest in medical charities (and especially

in homœopathic charities) to do as I did, viz.: call at the Hospital, ask to see the courteous and excellent Lady Superintendent, and request that she will allow them to see over the Hospital, and especially over that part of it, a resistance to the payment for which, is the present object of the opposition brought to bear against the Board by Drs. Quin, Drury, M'Kechnie, and Carfrae.

A reference to pages 446 and 447 of your *Review* of last month shows that the Board of Management asked the subscribers to sanction the payment of £8,028 for the following purposes:—

- 1.—£378 to pay for an addition to the building which some members of the staff had represented to the Board to be essential to the sanitary requirements of the Hospital.

- 2.—£800 for a new building consisting of three rooms, for the improvement of the accommodation for nurses; for providing better rooms for operations; and for a room required for the purpose of a lecture room, by the London School of Homœopathy.

- 3.—£200 for necessary furnishing and alterations in connection with the nursing establishment.

- 4.—£1,650 required to enable the Hospital to acquire a house in Powis Place, next door to the Hospital, which will greatly improve the whole property, and give space for the enlargement of the Hospital if it should become desirable to do so.

- 1.—With regard to the first of these items it appears that some members of the medical staff, and notably Dr. Drury, had represented to the Board that certain alterations were essential to make the sanitary arrangements complete. The Board, in answer to the representations of the medical staff, made these additions and alterations in 1876, and the bath-rooms, closets, and other sanitary arrangements are now in excellent order.

- 2.—The new structure, referred to in the second item, consists of three lofty rooms, each 27 feet long, 13 feet wide, and of excellent elevation, forming a most substantial addition to the main building. The uppermost of these three rooms forms the new operating theatre; it is admirably lighted both from the sides and from a skylight; it is on a level with the second floor of the Hospital, and entered from the main landing. It is panelled with wood; leading from it you enter a lobby where is a closet containing necessary appliances, and another door leads into a small ward, containing two beds for patients after operation. Hence there is no unnecessary risk run, after operation, from carrying the patients from the operating table to their beds.

And now let me particularly direct Drs. Quin's, Drury's, M'Kechnie's and Carfrae's attention to what follows: I asked the Lady Superintendent whether the new operating theatre was, in her opinion, any real improvement. She replied with earnest

warmth "Yes, it is an immense boon to the poor sufferers. In the old operating theatre we had no means of adequately warming it, and it was almost impossible to get the room warm enough for the patients' safety. Now, in the new room, we can easily raise the temperature to 72°, the wood work, all round, makes it easy to heat it. Then, in the old operating room, after an operation, every patient had to be lifted into a long basket and carried down a flight of stairs by two porters, to be put to bed, whereas now the patient has only to be carried into the next room, hence there is a far better chance of recovery after a severe operation." I was shown the long open basket with handles at both ends, into which the unfortunate patient, fresh from the operation, had formerly to be lifted, and I could easily conceive how much the suffering and the danger must have been increased, after any capital operation, by even the most careful lifting and carrying of the poor patient down a flight of stairs by the two porters.

I next went up into the old operating theatre—this was a large square room. It is now divided down the centre by a wooden partition, and on each side there are three comfortable dormitories—a vast improvement on the very inefficient, and in many ways uncomfortable accommodation provided for the comfort of these hard-working, comfort-administering women.

I particularly wish to avoid sensationalism, and to give bare facts, but I must advert again to the lively gratitude with which the Lady Superintendent spoke of this "good deed" of the Board. Under the old *regime* the bed-room accommodation was so deficient that sometimes when a night nurse has left her arduous duties she has had to go to rest in the same bed just vacated by a day nurse.

Surely it was time some better accommodation was afforded to these hard-working and excellent women.

I next went down to another of the new rooms on the first floor. This is appropriated as a sitting-room for the nurses. It is a well-lighted room, 27 feet long, 13 feet wide, at present plainly furnished, the floor covered with linoleum of a very pretty pattern, and in the centre of the room a long deal table and some deal chairs. With a few pictures and books it will become a charming room—light and cheerful, and surely the "labourer is worthy" not only of "her hire" but of some comfortable room to work and read in after her duties are over, and also of a cheerful healthy room in which to eat her meals. I asked where the nurses had previously sat, and found that previous to the building of this room, the only day room for the nurses was a very small gloomy room in the basement. This was not only uncomfortable, but too small and a long way from their work, which, in a Hospital, is a serious inconvenience.

It appears that Dr. Drury also had represented that it was very desirable that the staff of nurses should be increased, and in order to do this, the enlargement of the Hospital was absolutely necessary.

3.—I next inspected the room on the ground floor, set apart for the purpose of the lecture room of the new School. The furniture of this room has been supplied by the London School of Homœopathy, and for the rent of the unfurnished room, £50 a year is to be paid, for at least five years. Although this room is not furnished at the expense of the Hospital, I cannot but notice the simple workmanlike aspect it assumes; the floor covered with linoleum, a large bookcase on one side of the door, and on the other a large case, with glass doors, for the reception of specimens of *Materia Medica*, which are already accumulating. I hear that Dr. Blackley, the librarian and curator, is ready to receive any contributions, and it is to be hoped that physicians and chemists will interest themselves in contributing to the success of this interesting new educational effort.

4.—With regard to the purchase of the freehold property, No. 1, Powis Place. This house adjoins the Hospital, and in fact dovetails into the Hospital building. It certainly ought to be secured, if possible, and it will be of great use to the Charity when it can obtain possession. There is a great and pressing need for two extensions of the present undertaking. The one, is the desirability of increasing the nursing establishment; the other, the opening of private wards, in which patients in good or middling circumstances, who are taken ill in London hotels or lodging houses, could be received and treated, paying an adequate sum for their board, lodging, and treatment. Now, by the purchase of this house (which is freehold) both these extensions of the Charity could be carried out. I ask the four gentlemen above-named, Drs. Quin, Drury, M'Kechie, and Carfree, is it wise or consistent for men, having the true interest of our noble Charity at heart, to obstruct the Board in this purchase, when all the preliminaries are already settled?

The charitable aspects of the question may be summarised thus—by the recent action of the Board:—1. The sanitary condition of the Hospital has been put into excellent order.—2. The sufferings of the poor patients under severe operations have been immensely diminished, and their chances of recovery have been materially increased.—3. The bed-room and sitting-room accommodation of the nurses has been largely improved, so that more nurses can be instructed, and their comforts have been greatly added to.—4. Facilities have been afforded for the purposes of the London School of Homœopathy.—5. Preparations have been made for the enlargement of the sphere of usefulness

of the Hospital, when circumstances allow the Board to carry out the increase of the Training School for Nurses, and the opening private wards.

The financial aspect seems to be this—a certain sum of money, now lying at three per cent. in the funds, is to be taken out of the funds, and to be laid out on substantial and remunerative improvements to the Hospital building, and in the purchase of freehold property.

Putting aside the boon (to the patients) of increased sanitary condition, of diminution of human suffering, of increased comfort and convenience to the nurses, and of a good training school for them, we should also have private wards for paying patients (a want loudly proclaimed at the present day), and further should have a definite rental equal to $8\frac{1}{4}$ per cent. on the whole expenditure coming in; and this takes no account of the sums which might be expected to accrue, directly or indirectly, from the nurses' training establishment and from the paying patients.

Is all this good work on the part of the Board to be stopped, and is the course of our Charity to be impeded? I appeal to the loyalty of those four members of our profession who are at present obstructing the action of the Board, to reconsider their position.

I would further appeal to the loyal members of our profession to obtain such large donations and subscriptions from their patients as shall increase the constituency so as to give its "old subscribers" a greater power in the Hospital management than they at present possess.

July 15, 1877.

AN OLD SUBSCRIBER.

P.S.—I saw, with much pleasure, that Dr. Quin was sufficiently well to be among the gay throng at the garden party given by the Prince and Princess of Wales on Thursday last; might I suggest that he should drive down to the Hospital himself and inspect the improvements and additions. I feel sure that were he to do so, he would not only cease to obstruct, but would use his influence among his many Royal and noble friends to obtain such substantial help as is greatly and urgently needed by the Hospital in Great Ormond Street.

SYSTEMS OF MEDICINE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—At page 499 of the *Monthly Homœopathic Review* I observe that the *Lancet* is quoted as saying . . . "the alleged overtures of the professors of that *system*, &c." (i.e., the homœopathic, the word "system" being printed between inverted commas).

I only wish to remark upon the absurdity of so printing the word "system" in connection with homœopathy. After an experience (extending over more than thirty years) of homœopathy, I am fully persuaded that it is not merely a system of medicine, but, positively, the *only* SYSTEM (deserving the name) of medicine in existence.

And all who fairly TEST homœopathy must, sooner or later, come to the same conclusion with

Yours truly,

O. P. G., M.A.

Elford, July 6, 1877.

NOTICES TO CORRESPONDENTS.

.. We cannot undertake to return rejected manuscripts.

CAUTION.—We have been informed by Dr. WASHINGTON EPPS that he has been applied to for money by a man describing himself as Dr. J. L. Stromeysl, a homœopathic physician of Colmar, in Alsace. He tells a long story of hardships he has endured at the hands of the Germans; says that he has called on Dr. Pope, from whom he has received help, and by whom he had been recommended to Dr. Yeldham, to obtain assistance from the Medical Benevolent Fund. Dr. Pope does not recollect having seen any person of the kind.

Communications, &c., have been received from Dr. Bayes, Dr. Hughes, Dr. Lade, and Mr. Cross, London; Mr. F. Smith, Weston-super-Mare; Dr. Clifton, Northampton; Messrs. Thompson and Capper, Liverpool; Dr. McConnell Reed, Cardiff, &c.

BOOKS RECEIVED.

A Lecture addressed to the Medical Profession on the Place of the Law of Similars in the Practice of Medicine. By J. Gibbs Blake, M.D. Turner & Co.

Lectures on Acute and Chronic Diseases of the Chest. By R. D. HALE, M.D. Second edition. London: Turner & Co., 77, Fleet Street.

Brain Fag. By S. W. Wilde, L.R.C.P. Second edition. Gould & Son.

British Journal of Homœopathy. July. Turner & Co.

The Homœopathic World. July.

Calcutta Journal of Medicine. November, 1876

The Chemist and Druggist. July.

The U.S. Medical Investigator. Chicago.

The New England Medical Gazette. Boston.

The Medical Advance. Cincinnati.

The Hahnemannian Monthly. Philadelphia.

Bull. de la Soc. Méd. Homœopathique de France.

Bibliothèque Homœopathique. Paris.

Allgemeine Hom. Zeitung.

Rivista Omiopatica. June.

El Criterio Medico.

American Homœopathist, Vol. 1, No. 1. July. Chicago: Chatterton & Co. London: Turner & Co.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE ANNUAL CONGRESS.

It gives us great pleasure, as the season again comes round, to remind our readers of the approach of the annual meeting of the Congress of Homœopathic Practitioners in Great Britain. This is the season of general holiday and recreation, and is fitly chosen for the holding of the Congress, since members can so much more easily leave home for a couple of days in the months of August and September than at any other time of year. At this genial season every one expects to have some enjoyment out of the regular round of professional work, looks upon it as almost his right, and consequently is quite in a mood "*desipere in loco*" when an opportunity offers. When, therefore, the meeting of Congress is announced for the 18th of September, members look forward to it as a day of pleasure, and of meeting with friends whom they may rarely see personally, but with whom they have many interests in common. But while the 18th will be a day of pleasure in the best sense of the term, the most practically minded and matter-of-fact of our brethren will have the satisfaction of knowing that he is not wasting a day in mere good fellow-

ship, but is combining business with pleasure, and doing a kind of work which could be accomplished in no other way than by a general gathering of those who live far apart throughout the country.

The Congress is this year to be held at LIVERPOOL, which from its importance and interest as one of our great commercial centres is a most suitable rendezvous for a general representative meeting. Were the Congress to arrange its meetings so as to extend over several days, as the British Medical Association does, we should notice, for the benefit of those who are unacquainted with that part of the country, the leading features of interest in the town and its environs; but as the meetings are all compressed into one day, and as there is as much business to be transacted as can possibly be got through in the time, we deem it unnecessary to take up our space with what would otherwise be found interesting. We have said that all the business is to be compressed into one day; but as in the Church a feast day is supposed to commence on the previous evening, so we find by the programme that the proceedings actually begin on the evening of Wednesday, the 12th, by a meeting of the HAHNEMANN PUBLISHING SOCIETY, in the Adelphi Hotel, at 8 o'clock. We understand that business of considerable importance will be transacted at this meeting, and a full attendance of members is particularly requested by the energetic secretary, Dr. HAYWARD. In case of the importance of the business rendering an adjournment of the meeting necessary, it will meet again next morning, as will be seen by the formal notice in our pages.

The chief business of the Congress will commence on Thursday, the 13th, at 10 o'clock a.m. in the Adelphi Hotel, Ranelagh Place, when the President, Dr. POPE, will deliver an address on "*The Cause of Professional Opposition to Homœopathy.*"

This, at the present time, and when so much is talked about the desirability and the near prospect of seeing the gulf which has so long separated the two schools of medicine bridged over, is a point of the greatest importance. In fact there appears to be almost no choice of subject left for the Presidential address, since *not* to speak upon this topic would seem a shrinking from the plain path of duty. We were under the impression, till only a few weeks ago, that whatever might be averred by our opponents as the ground of their opposition to homœopathy, there was no difference of opinion among homœopaths as to which of the two schools was to blame in the matter. But now it turns out that at least one of our number, the ex-Vice-President of the British Homœopathic Society, openly attributes the professional opposition to our views to the conduct of the members of the homœopathic body, and justifies the action of the British Medical Association in 1851. This, then, is a point which requires to be cleared up before any proposals can be satisfactorily discussed.

After the conclusion of this address, there will be a "breathing-space," during which a necessary interchange of the coin of the realm will take place between the members of Congress and the Treasurer. As soon as this business has been satisfactorily accomplished, a paper will be read by Dr. DRYSDALE on "*The Double and Opposite Action of Drugs.*" Such an extremely interesting and important subject will, in the hands of our able colleague, be one of the chief features of the day's intellectual enjoyment.

This will be followed by a paper by Dr. HUGHES on the "*Two Homœopathies.*"

Dr. HUGHES has kindly informed us, on enquiry, that by this he means the homœopathy propounded by HAHNEMANN from 1796 to 1806, and that elaborated by him from 1810

to 1828. He intends to indicate the legitimacy of the former, but to urge the desirableness of further cultivation of the latter; and we feel sure that this paper will sustain the high and learned standard of all Dr. HUGHES' communications.

By this time it is anticipated that some rest and a little refreshment will have become necessary, and we have much pleasure in informing our readers that the members of the Congress will at one o'clock enjoy the generous hospitality of the Liverpool Homœopathic Medico-Chirurgical Society, who will provide the luncheon. After the "feast of reason," which members will have had by that time, they will, we have little doubt, show their appreciation of the kindness of their hosts by doing ample justice to their hospitality.

At two o'clock a paper will be read by Dr. EDWARD BLAKE on "*Pulmonary Emphysema*," which, from the headings with which we have been favoured, will be an exhaustive one. Dr. BLAKE takes a very wise precaution, with the view of limiting the discussion, as much as possible, to the treatment of emphysema, in suggesting in the programme special points for discussion. Dr. SKINNER will then exhibit a "*New Fluxion Centesimal Potentizer*," and he will at the same time offer some remarks on high "potencies," of which he is, as is well known, a great admirer. At four o'clock the Congress will resolve itself into a committee, to receive the report of the sub-committee anent the World's Convention, to be held in 1881, and of the Hahnemann Publishing Society, to elect a president and office-bearers for next year, and to fix upon the place of meeting for the year 1878. At the same time Dr. MOORE will introduce for discussion a topic which has for some months caused keen interest, namely, the title of the London School of Homœopathy. We have already on

more than one occasion expressed our decided views on this matter, and we think it needless therefore to repeat them. The arguments on both sides of the question have been laid fully before the profession, and probably little or nothing new can be said on either view of the subject. Although no expression of opinion on the part of the Congress can alter, *ipso facto*, the name of the School, yet we shall be able to judge by the views enunciated, and by the support which each receives, what is the prevalent feeling of the profession regarding it.

We trust that that will be the end of the discussion, and that the School will be allowed to have *rest* for growth by the spreading both of its roots and its branches. This discussion will conclude the business of the day. So much is compressed into the short time to which the Congress is limited, that the members will by six o'clock feel that they have had enough of mental occupation for a day, and will only too gladly relax over dinner, and what ARTEMUS WARD facetiously terms "the flo'in' bole." Dinner will be served in the Adelphi Hotel at six o'clock, the chair being taken by the President. The remainder of the evening will be passed in the usual pleasant manner of toast-giving, speech-making, and general conversation.

We anticipate for the Liverpool Congress a meeting that will long live in the recollection of the profession, on account of the numbers likely to be present, the importance and interest of the topics discussed, the results produced by such discussion, and last but not least, the hospitality of the Liverpool Homœopathic Medico-Chirurgical Society. We therefore strongly urge upon all our brethren to make a point, if at all possible, of being present, and adding individually to the *eclat* of the meeting.

CLINICAL NOTES FROM DAILY PRACTICE.

BY A. C. CLIFTON, M.D.

In the June number of the *Review* Dr. J. C. Burnett reported a case of urticaria cured by *chloralum*. Nine days after the publication of this case I was sent for to see a gentleman, aged 64, who was suffering from colicky pains in the bowels, from having eaten old cheese the night before. There had been, for some hours before I saw him, some pain in the stomach, which had subsided. I gave him *colocynthis* 3. every half hour; after the second dose he was much relieved, and continued the medicine only every three hours. The following morning on visiting him I found he had suffered all night from a violent itching, stinging sensation over the whole body; his face was red and swollen, and there were large patches of redness with urticarious wheals about the neck, trunk, and extremities. I prescribed *chloralum*, 4 grains in 6 ounces of water, a dessert spoonful to be taken every two hours. I visited him in the evening and found him much better, nearly free from irritation, and the wheals had almost disappeared. He left off the medicine, as he felt tolerably well. Two days later the urticaria appeared again as badly as before; the same medicine was resorted to, without sending for me, and after taking the second dose he was much relieved. He continued taking it on this occasion for two days, when he felt quite well, and has remained so to this time.

Three days after this case I was sent for to see another gentleman, aged 46, who, from having got wet the day previously, was suffering from urticaria. The case was a very severe one, the redness and wheals covered nearly the whole of the trunk and extremities, the face and eyelids were so swollen that he could scarcely see, and the itching and smarting were most intense. I at once put him on *chloralum*, the same dose as in the former case. By evening he was much better, and the next day he was well. This patient has suffered for many years with psoriasis, has had gonorrhœa several times, and is very susceptible to changes of weather.

FOLLICULAR PHARYNGITIS.—In the month of May I treated eleven patients suffering from this disease, eight men and three women. The first four I looked upon at first as cases of ordinary catarrhal sore throat, and I did not give

that attention to them which I ought to have done. I prescribed for two of them *belladonna*, for one *mercurius*, and for another *aconite*, but as each day brought other patients suffering in the same way, I began to suspect there was an epidemic of this kind, and that it was needful to look more carefully into the cases. On the third day from the time the first case came to me, all four cases returned, saying they were no better, but rather worse. On the fifth day two fresh cases came; on the seventh day three other cases; and so on.

I think it will serve very little purpose to give a detailed description of these cases *seriatim*, as to a *very great* extent they all presented the same characteristics; there were some slight differences, owing to temperament, constitutional tendency, or diathesis, but not sufficient to prevent one medicine being curative of all, viz., *æsculus hippocastanum*.

All the patients thought at the outset that it was a common catarrhal sore throat from which they were suffering, although only two of them could trace it to a chill, and these two were doubtful of the fact; some of them had taken *aconite* and *belladonna* before coming to me. About three-fourths of the cases had not felt well for a few days or a week before the throat symptoms appeared, the general feeling being slight headache, sleepiness, poor appetite, and in some constipation. These patients, as well as the others without such premonitory symptoms, first noticed about the throat that there was some dryness and soreness, especially in swallowing; this was followed by some stiffness about the neck and throat. The throat then lost much of its dryness, and there was more than ordinary secretion of mucus, though not to any marked degree; there was a constant tickling in the throat, and desire to swallow, and to hawk or clear up something. Swallowing saliva was rather difficult, and in some cases caused pain up towards the ears; in about three-fourths of the cases there was hoarseness; in four there was a tickling cough, aggravated by pressing on the larynx. As concomitant symptoms in nearly all the cases, there was heaviness in the forehead, or occiput; poor appetite; the tongue was slightly coated; feeble digestion, weight and fulness in the hepatic regions, and constipation were complained of; in five cases there were hæmorrhoids. The appearance of the throat varied very much; in some cases there was more redness than in

others, and of a darker or brighter hue, but in most of them it was dusky red; there was general relaxation and swelling of the mucous membrane covering the throat; the uvula was swollen and elongated; in some the tonsils were slightly swollen; and in all there was more or less of a papular appearance to be seen on the soft palate and uvula, whilst on the posterior wall of the pharynx the mucous membrane appeared studded with small elevations from the size of a grain of sago to that of a horse bean, and the whole covered by a thin layer of mucus.

Finding that my first cases were not relieved in three days by what I had given, I read up several medicines, and decided to give *œsculus* a trial, which I did in the third decimal dilution, one drop every 4 or 6 hours, and I may say, without exaggeration, that in 24 hours some of the cases were better of the throat affection, and in three days most of them were convalescent, a few remaining under treatment for hepatic derangement for about a week or ten days.

Whether or not this drug would be useful in other epidemics of throat affection of a similar character I cannot tell, but if there should be evidences of the general portal congestion which was present in those I have described, I think it in all probability would.

Whilst speaking of the use of *œsculus* for throat affections, I may just remark I have tried it in two cases of lumbago, and so far the result has been favourable, for I cannot say the treatment of lumbago, in my experience, has been at all satisfactory; the reason has been, I suspect, as it too often is, the adoption of pathological, empirical, or "rule of thumb" practice, instead of individualisation, and the observation of the totality of symptoms. The medicines I have generally used have been *bryonia*, *rhûs*, *lycopodium*, *cimicifuga*, *arnica*, or *aconite*, and sometimes liniments of the same.

A case of SYPHILITIC KERATITIS cured by *aurum* 3. A man, aged 27, consulted me, on April 10th, having been under another practitioner for a month, for "inflammation of the eyes," for which he now also sought advice. His history was as follows: His employment for the last year had been that of book-keeper or clerk, but for a few years before that time he had been an omnibus conductor in London, and had lived a rather free life, though working hard and exposed to all weathers. He had syphilis badly

three years ago. Two years since took "cold in his eyes;" was under allopathic treatment, and besides the usual internal medicines, he had a seton put into the nape of his neck. He got gradually better, but the eyes never got quite clear, nor was his vision very good. About six weeks ago he noticed them getting worse, and thought, from exposure to a draught in the office, that he must have taken cold in them. He gave up work, and was attended at home by another practitioner who did not properly examine him, and treated the case as one of ordinary catarrhal ophthalmia. As he was getting on very slowly he consulted me, when his condition was as follows:—

Right eye.—Great indistinctness of vision; he cannot discriminate between different letters however large they may be, and, in fact, can only distinguish light from darkness; there is some photophobia; the pupil is dilated and inactive; there is a general haziness or dullness of the cornea, which appears to extend into its substance, or between its layers, and in the centre of the cornea is a more dense white spot, and a zone of redness round cornea.

Left eye.—Rather more vision than in right, but still all objects appear to him enveloped in a mist; the cornea is bulged forwards, the upper half of it appearing as if there was pus between the layers, and as though a pustule would form on its surface; from this a vessel extended backwards and upwards, while round the cornea was a circumscribed zone of redness, as in the opposite eye. There was also pain round the orbit, especially at night, and some photophobia.

In addition to this condition of the eyes, his throat was sore, and bore unmistakable evidences of secondary disease; and he had also several copper-coloured spots about his neck and other parts.

Although the man had come to me for advice, I did not sufficiently understand his condition to warrant me in treating him without a second opinion. This I recommended, and he consulted a well-known allopathic practitioner in London, who has made diseases of the eyes his speciality, and has written on this form of disease. He spent an hour over the case, advised a blister behind each ear, prescribed *iodide of potassium*, and *cinchona*, and an ointment of the *yellow oxide of mercury*. He, however, told the patient he could not hold out any hope of improving the right eye, nor of doing much good to the left. On the

patient's return, and having such a bad prognosis, I looked up what had been written on the subject by men of our school, especially Allen and Norton, and although I could get very few indications of any special medicine, I decided on *aurum* rather than *kali hydriodicum*, considering the little hope of benefit likely to accrue from its use by the surgeon who had prescribed it. *Aurum foliatum*, 3rd trituration, one grain three times a day, was begun on the 17th of April, and continued till May 22nd, a period of only five weeks. At the end of this time the eyes were so much better that the man resumed work, which he has continued to the present time. His eyes are now nearly clear; there is only very slight haziness of each cornea, and some minute specks appear between the laminæ. The man considers himself well, and would like to do without medicine, but he has some slight hoarseness, and his throat is rather relaxed and congested; for this he is now taking *hepar sulphuris*. Since he began work, on May 22nd, he has only occasionally taken *aurum*, i.e., for a few days at a time. It is probable I shall follow the *hepar* with *kali bichromicum* for his throat, if I can get him to take medicine, which is doubtful, as he says he is better and can see well, in fact, better than he has done for years.

Whether or not this was a case of true interstitial (syphilitic) keratitis, I am unable to say—that is, if inheritance is necessary to constitute that disease. The patient's teeth were only slightly notched, scarcely sufficient to say positively that the disease was from inheritance. If this was not the case, he had, as has been shown, the acquired disease.

MAGNESIA MURIATICA and its action on the liver. At the risk of being thought mad on one medicine, or suffering from *magnesia muriatica* on the brain, I shall record four more cases in which it has acted beneficially since I wrote in June. Many physicians, I have no doubt, have had a similar experience to mine—viz., a run on one medicine for a few weeks, followed by a long disuse of it. In noticing this circumstance, I have often asked myself whether it is owing to the recent study of such a drug, in consequence of which its action is brought more prominently under one's notice. I have no doubt that, to some extent, this is the case; still I think it cannot be denied that every now and then we get what, for convenience sake,

we call a run of cases of biliary or liver derangement, of neuralgia, of rheumatism, of skin affections, &c., and that when this occurs, there is a marked similarity in most of the cases, and when this is recognised, one, two, or three medicines more than others are called for.

To return to my cases, it will be seen that they occurred in women like the cases previously recorded. Case 1 had been under my care since May 10th. At that time she was complaining of attacks of gastralgia, coming on every afternoon, following by vomiting of sour fluid; pain in the liver and between the scapulæ, and marked constipation. The attacks of pain began gradually, got to a pitch of intensity, and as gradually went off. This being so marked a symptom, I gave her *stannum*, which relieved the pains, but she got worse in other ways. A week later she was jaundiced, and showed unmistakable disease of the liver, the symptoms of which I need not mention. Suffice it to say that for this condition I treated her till June 4th, by which time she was much better. Her stools were, however, very dark; the bowels acted only once in four days; she complained of a heavy weight in the right hypochondriac region, and could not rest on that side. The attacks of gastralgia occurred every evening, as at first, but without sour vomiting; there was tenderness in hypogastric region, anteversion of the uterus, and enlargement of the liver. I prescribed *magnes. muriatic*, 5th dilution, and continued its use till June 21st. At this time she felt well, except that she had some headache, hæmorrhoids, and slight constipation, for which she had *æsculus*. On July 19th I saw her again; there were no hepatic symptoms remaining, but great tenderness in left ovarian region, and sense of bearing down of the uterus; the catamenia, which had been absent some months, had returned, but were scanty and pale. For this she was prescribed *graphites* 5, and now considers herself well. The *magnesia muriatica* may, I think, be fairly credited with beneficial action here.

Case 2.—A lady whom I have treated frequently during the past two years for dyspepsia, liver derangement, constipation, biliousness, &c., and had been under my care in April for a similar condition, came again on June 4th, the most marked symptoms being weight in the hypochondriac region, inability to lie on the right side for any length of time, and not at all on the left side on

account of a sensation as of something dragging over to that side; yellowish colour of the face, poor appetite, bowels sluggish. *Magnesia muriatica*, 5th dilution, was given. I did not hear of her till to-day, July 31st, when she brought another patient, saying that the last medicine had done her more good than any she had received before, and that she was quite well.

Case 3.—A little girl, æt. 4, for whom during the last two years I have occasionally prescribed, on account of obstinate constipation, irregular appetite, furred tongue, offensive breath, yellowness of face, and grinding of the teeth at night, was again brought to me on April 24. At that time her general condition was better than usual, and the only prominent symptom was constipation; the bowels were not moved oftener than once in ten days, the stools were large and lumpy, and there was dryness and fissuring of the anus. *Graphites* 3 was prescribed. May 22nd.—The bowels are moved about once a week, and there is less dryness around the anus. The medicine was continued. On June 8rd, constipation was no better; the stools were large and lumpy, covered with slimy mucus, with streaks of blood; the substance of the stools was of various colours, from light yellow to green, and dark green or leaden; the appetite was irregular, pain was complained of in the epigastric region about an hour before food, the face was of a yellowish hue, but no pain or tenderness was felt on pressure over the liver, nor was there any enlargement of that organ, but the abdomen was large. *Magnesia muriatica*, 5th dilution three times a day, was prescribed. In a fortnight there was manifest improvement, the bowels acting every three days. The medicine was ordered to be taken twice a day for a week, then once a day for a week, and if better at the end of that time, she was to desist from further treatment. I heard of her on August 9th. She was then better than she had ever been before, had not taken any medicine for a month, and was considered well. This patient had been drugged with various kinds of aperient medicines for a year and a half before coming under homœopathic treatment; but without benefit, rather, I might say, with manifest injury.

Case 4.—A lady, whose age I have no note of, but who, I should think, is about 52, consulted me on June 30th. I had previously treated her for about two months, for what, for the sake of brevity, I may call portal congestion.

She had been taking *nux*, and subsequently *æsculus* with great benefit, but was still suffering from hæmorrhoids, and much irritation about the anus; the bowels were acting regularly, but the stools were knotty and slimy; there was inability to lie on the right side at night; tenderness over the hepatic region, enlargement and tenderness of the right ovary, and a dragging down pain from the right ovary extending down the thigh of that side. *Magnesia muriatica*, 5th dilution was prescribed, to be taken three times a day for a fortnight; if, after that, there was improvement, it was to be taken only twice a day for another fortnight. I have not seen this patient again, but have heard that she considers herself well, and that the last medicine did her more good than any other.

I have not presented these cases of cure or supposed cure by *magnesia muriatica* as models or perfect examples of the law of similars, for it is quite possible that there are other drugs which might have met the morbid condition for which it was given much better, but they have been presented rather from the fact of the drug in question being one of many that is often thought to be inert, except in material or palpable doses. In several of the cases there was undoubtedly enlargement of the liver, but I do not consider they were either so severe, nor of the same character, as what some of our colleagues call "chronic congestion of the liver," and for which palpable doses of drugs, or Carlsbad waters, or a three months' residence at Homburg or Kissingen, are thought needful. I confess I am sceptical of such requirements, and believe that cases of this kind might be cured quicker and better without such measures. In saying this I would by no means censure any physician for adopting this method of treatment, if his experience and judgment convince him that it is the best; only let him be sure that it is the best, the patient's welfare being above all theories. Neither would I have it understood that I *never* resort to palpable doses of drugs, or to auxiliaries such as anodynes, or aperients even in *curable* though *diseased* conditions; but I believe the cases are rare where they are necessary, and it is with a confession of weakness on my part when I do so use them.

CAPSICUM in *gonorrhœa*. I have very little to say *positively* regarding its curative action in this disease, but wish to call attention to it with the hope that it may be tried, at all events when *cannabis*, *cantharis*, *aconite*,

or *mercurius* fail. I believe it has been used by others to some extent, but I cannot lay my hand on any published cases of this nature. I have used it in only four cases, and that within the last six months, and so far I have had good reason to be satisfied with the results. It has seemed to act much quicker and better than the usual remedies, in relieving the frequent micturition, the scalding, smarting, sticking pain in the urethra, the tenesmus, and even the chordee; and as the inflammatory condition has subsided, the discharge has become less and much thinner. The dose I have given has been from one drop of the 1st decimal to 8 drops of the 1st centesimal every three or four hours. Further proof of its value is, however, required, and here I would state, that whilst Dr. Yeldham recommends 10 minim doses of *cannabis*, I have put it to the test in scores of cases, and have invariably found that from one minim to half minim doses act quicker and better. *Capeicum* I have, like others, used with much benefit in relaxed sore throats and throat-cough in the 1st decimal dilution; and in some cases of sub-acute inflammation of the throat, with dryness and smarting, but in the 3rd centesimal dilution; also in the relaxed uvula of spirit drinkers or tobacco smokers, especially if there is the characteristic condition of morning retching. In such cases the 1st decimal dilution answers best.

✓ *Coccus cacti*. I wish some of my colleagues would give us their experience of the action of this drug. I have tried it many times in various affections of the kidneys and bladder, where the symptoms appeared plainly to indicate it, using it in various dilutions, from one drachm doses of the matrix tincture to the 12th dilution, but have hitherto been disappointed, having neither seen improvement nor aggravation in the palpable doses mentioned. Can this experience be corroborated or otherwise? if the former, why is it so? I think I have met somewhere with the statement that the tincture is inert, and that the insect must undergo trituration to develop its action; but this can hardly be a solution of the whole matter, as in whooping cough, as well as some other coughs, which are worse at six or seven in the morning, or on first waking or rising, I have repeatedly witnessed the rapid relief it gives; the cough in such cases is in paroxysms, which do not cease till a quantity of tenacious mucus is raised. Here again I notice a curious fact, that one of the most popular prescrip-

tions for whooping cough is a mixture of cochineal and salt of tartar, the latter being our *kali carbonicum*, the action of which on cough, which is worse at three, four, or five in the morning, is known to all homœopathists. I have recently had a trituration of the insect made, which I intend as opportunity offers to put to the test, and I hope my suggestions may induce further trial by others.

Case of Nævus, in which *lycopodium* appeared to exercise a very beneficial action. An infant girl had a large subcutaneous nævus on the right side of the body just below the free border of the ribs, and another one on the upper and inner side of the thigh, extending on to the labium of that side. Each of these growths measured about two inches by one inch; they were of dull purplish colour, and did not appear to cause pain; there were several florid-looking spots about the body; the child was pale and badly nourished. Nothing was done for the nævi for a month, although medicine was given for the general condition. At the end of that time, both nævi had slightly increased in size, and some of the florid spots were larger, showing that the medicines had not done good. *Phosphorus* was given for a fortnight (3rd dilution, and subsequently the 12th); the nævi being then no better, they were painted with *liquor ferr. perchloridi fortior*, and *ferrum aceticum* was given internally—the only effect in another fortnight being a tendency still to spread. One nævus was then cauterised with nitric acid, which arrested its growth and appeared to dry it up very much; but as this took place the other nævus became larger. That was then treated in the same way, and as it improved the other became worse. After two dressings to each nævus it was evident that unless the hæmorrhagic diathesis or general weakness of the capillary vessels could be modified, operations of any kind would be useless. As the florid spots became more numerous, and the child did not improve in condition, the case was again studied, as it had been before, without seeing any clear indications for medicinal treatment. *Phosphorus*, *iron*, *lachesis*, *pulsatilla*, *fluoric acid* had all been given. *Lachesis* certainly seemed to do some good, but as there was some chafing of the folds of the skin, and some deposit of lithates from the urine on the napkin, I looked up *lycopodium*. It appeared to correspond better than other drugs to the morbid condition, and on turning to Hering's *Condensed Materia Medica*, I found under the head of "skin".

"vascular tumours," "nævus maternus." The 6th dilution was therefore prescribed, three times a day. At the end of a week there was manifest improvement in all respects; it was continued, and at the end of another fortnight there was still more improvement. I told the mother to desist from medicine for a week, as she was then not quite so well. *Lycopodium* 30th dilution was given twice a day, with still more benefit than under the 6th dilution; the 200th dilution was then administered for three doses, with cessation of medicine for a week. At the end of this time there was no improvement. I then returned to the 30th dilution, two globules twice a day; this was continued for a month, with the result that the nævi were nearly dried up, the florid spots had disappeared, and the child's health much improved. Since that time *lycopodium* has been given occasionally, and the child, though not in robust health, is well.

The result of this treatment has taught me, what I fear many require to learn, that no matter what the external manifestations of disease may be, nor what local applications are employed, the best and only true method of cure is the old Hahnemannian rule. I have passed through a seven to ten years' experience of internal drug treatment, with but little use of external or local applications; another seven years of the internal, combined with more local treatment in the form of medicated sprays for the throat, medicated ointments and lotions for skin affections, &c. I am now passing through another experience somewhat like the first; and the longer I live, and the better I learn my *Materia Medica*, the less disposed am I to resort to auxiliaries and local applications.

Northampton,

August 18th, 1877.

ON FOLLICULAR PHARYNGITIS.*

By D. DYCE BROWN, M.A., M.D.

GENTLEMEN,—Having concluded what I have to say regarding tonsillitis, the next affection we have to consider is *follicular pharyngitis*, or *pharyngitis granulosa*.

* Being a part of one of a Course of Lectures on the "Principles and Practice of Homoeopathic Medicine," delivered at the London School of Homoeopathy in the Summer Session of 1877.

This is usually met with in the chronic form. When the pharyngeal mucous membrane is acutely inflamed, it is rarely so alone; but as part of general catarrhal angina, or of tonsillitis, and therefore requires no separate consideration. But the form of pharyngeal inflammation I am now speaking of is essentially a chronic affection. It is a part of the complaint known popularly as "clergyman's sore-throat."

It may arise by continuity with an inflammatory affection of the fauces, or it may come on from the spreading upwards of laryngeal irritation, as in the case of public speakers, or it may and does frequently arise from the abuse of alcoholic liquors.

On looking into the fauces, we find a state of irregular hyperæmia of the pharyngeal mucous membrane. Sometimes the membrane looks pale, and over it we see scattered varicose or enlarged vessels, but generally it looks irregularly red, the redness being not bright in colour, but dark or venous-looking. The mucous membrane has the appearance of being swelled or turgid, and it is really swelled, not uniformly, but in patches or nodules, which may be more or less prominent. The sub-mucous tissue is evidently involved along with the mucous membrane. This nodulated or granulated appearance gives rise to the name *pharyngitis granulosa*. The mucous follicles are also diseased, and it is believed that the chief nodulation exists around the diseased follicles; hence the name *follicular pharyngitis*. In many cases the diseased glands give out a quantity of tenacious mucus, which may dry up and form tenacious yellow crusts; at other times, the membrane looks dry and shiny, almost as if it were varnished. The symptoms, as felt by the patient, are not so much painful as troublesome and annoying. Actual pain in swallowing is not complained of, but a feeling of swelling in the throat, causing uneasiness, more or less, in swallowing; a feeling of dryness, irritation, or pain of a sticking character, as if something sharp were projecting from the throat. These symptoms cause the patient to have a continual desire to swallow, which does not, however, relieve the sensations. Even when the mucous membrane is dry and glazed-looking, and still more when secretion is abundant and tenacious, the patient is constantly hawking and clearing the throat, with the view of dislodging the mucus, and when there is little or none to bring up, the hawking efforts continue from the irritation

of the surface. Especially in the morning is this hawking up most troublesome. During sleep the mucus accumulates, and hardens, and is consequently more difficult to get rid of than at other times. The hawking efforts are sometimes so severe as to cause vomiting, this being one of the causes of the morning vomiting of habitual drunkards. Besides these symptoms, the irritation of the pharyngeal mucous membrane frequently causes a tickling, troublesome, hacking cough, which is mostly dry, or associated with the expectoration of the tenacious mucus. Not unfrequently, during sleep, the mucous membrane becomes so dry, that on motion it cracks, and the expectoration becomes streaked with blood, which alarms the patient, but is, of course, of no moment.

The laryngeal mucous membrane is generally, or at least very often, involved in the same catarrhal inflammation, and when this is the case, as in typical "clergyman's sore-throat," the tickling, hacking dry cough is well-marked, and the voice becomes husky, or actually hoarse.

Such cases, when of any considerable standing, are troublesome to cure. The medicines most useful in its treatment, are, *æsculus*, *hepar sulph.*, *lachesis*, the *iodide of mercury*, and *kali bichromicum*.

The pathogenesis of *æsculus* corresponds remarkably with the description I have given here of the disease in question.

Æsculus Hippocastanum — the horse-chestnut — is a remedy I have not before had occasion to mention to you. Its chief action is to cause a form of catarrhal irritation of the gastro-intestinal mucous membrane. The irritation is most marked in the rectum, causing piles, with its usual concomitant symptoms. But besides this, it causes in a very marked manner a dry, uncomfortable feeling in the fauces and pharynx, a sensation of constriction, with raw, excoriated feeling, or a sense of pricking. With this there is frequent desire to swallow, uneasiness in deglutition, a troublesome tickling cough, with constant hawking up of mucus, which only increases the raw excoriated feeling. On inspection of the throat, the fauces, uvula, and back of the pharynx are seen to be of a dusky red, congested, and relaxed, or swollen appearance. Coincidentally with this state, there is some stomach disorder, coating of the tongue, feeling of general malaise and depression.

Here is an exact picture of follicular pharyngitis, and the results in practice from the use of this medicine are very satisfactory. I should advise you to give it in the 8x dilution, one drop three or four times a day.

Next to *œsculus*, comes *hepar sulph.* This medicine I have already brought under your notice as influencing the process of suppuration in a remarkable manner. But besides this action, it has a very decided affinity for the throat and larynx, and for the mucous membranes of the body in general. The condition it sets up in these is a congestion of the venous or chronic form; like its analogue *sulphur*, it is chiefly in inflammations or congestions of a sub-acute, venous, or varicose type that it shows its power. *Hepar*, besides, shows an influence over the mucous and lymphatic glands, and is correspondingly useful in chronic disorders of these. Here, then, we have just such a medicine as we might anticipate would be of service to us, in this condition of chronic venous congestion of the pharyngo-laryngeal mucous membrane, accompanied by an unhealthy or disordered action of the mucous glands. The pathogenetic symptoms of *hepar* in the throat corroborate such a view. We find the prover complain of a feeling of fulness and constriction in the throat, with desire to swallow, but yet no pain in the act of deglutition. He feels his throat dry, and raw, with a sensation as if there was a splinter pricking it, or a plug of mucus, which he needed to swallow or hawk up. This state causes constant hawking efforts; the mucus is sometimes tinged with blood. *Hepar* also causes hoarseness and cough, the cough being tickling and harassing, sometimes dry, and at other times bringing up a good deal of mucus.

Here we have another *simile* to the disease we have been considering, and I can recommend *hepar* to you, as a medicine from which you will obtain marked benefit. You had better give it in the 3rd cent. or 3rd decimal trituration, one grain three times a day. The next medicine I have to bring under your notice is *lachesis*, the poison of the *lachesis trigonocephalus*, or lance-headed viper. This medicine is a very important one in various disorders, of which you will hear fully from my colleague, Dr. Hughes. Among other tissues for which it displays a decided affinity, we find the pharynx and larynx. It is best suited for a mild form of the disease I have been describing to you, viz.: When the

nervous element prevails largely, and when the severity of the symptoms are out of proportion to the morbid appearances seen on inspection. You frequently meet with such in females. You have the throat discomfort—feeling of fulness and dryness, with desire to clear the throat, a sensation as if there was something to bring up, and which the patient labours by coughing to expectorate, and yet nothing, or almost nothing, comes up. The patient will tell you that there is something sticking at a particular point in the throat or wind-pipe, which she thinks if coughed up will relieve her, and she will try to do so, or to force it down by swallowing. The cough is dry, tickling, often spasmodic, causing even an approach to retching, while nothing but a little mucus is expectorated, with all the effort. It is generally worse on lying down, and on change of atmosphere. On looking into the throat, you see very little, except a dry, shining, and dusky red state of the pharyngeal mucous membrane, while on pressing the larynx at a particular spot, you cause a tickling sensation, inducing cough.

This is the picture of the *lachesis* sore-throat. The nervous irritation is out of proportion to the morbid appearances, and in such a case you will find *lachesis* frequently act like a charm. It should be given in the 6th dilution, one drop three or four times a day.

Apis, which you will remember I spoke of as a medicine in glossitis, and which I mentioned produced marked laryngo-tracheal irritation also, has a very close analogy to *lachesis* in this sphere, and I have found great benefit from it in cases similar to those indicating *lachesis*. I gave it in the 8x dilution.

The *mercurius iodatus*, or *proto-iodide of mercury*, has the power of producing symptoms remarkably similar to those of follicular pharyngitis. I have gone over these so fully as to render their repetition tedious. Suffice it then to state the fact. I myself have no experience of it in this disease, but several physicians, as Dr. Black, of London, and Dr. Cook, of New York, speak highly of the results they have obtained with it. They give it in the 1st cent. trituration.

The last drug I shall notice as being useful in follicular pharyngitis is *kali bichromicum*, the *bichromate of potash*. This drug, which is also new to you, is one of great value in inflammations, acute and chronic, especially chronic,

of mucous membranes. Upon that of the throat and the bronchial tubes it shows a very marked action, but the only part we have at present to consider is its action on the throat. Here you find the same characteristic symptoms as in *æsculus*. There is a state of chronic congestion of the fauces and pharyngeal mucous membrane, uneasiness and pain in swallowing, sensation of dryness, of burning, or rawness, or a scraping feeling, and frequently also a sensation as of something sticking in the throat. Besides this there is accumulation of sticky tenacious mucus in the pharynx, with tendency to hoarseness and tickling cough. *Kali bich.* is specially indicated when the mucus is particularly tough and stringy, so that it sometimes requires to be drawn out of the mouth with the fingers. One prover describes his state as follows: "Next day, the posterior wall of the pharynx was dark-red, glistening, swollen, injected with small, bright vessels, and in the middle, somewhat to the left, a small fissure, from which much blood issued; during this time, there was frequently felt on swallowing a sensation as though a morsel of dry food were sticking in the throat; also I frequently became suddenly hoarse, and felt a scraping in the posterior wall of the curtain of the palate, and in the choanæ; frequently tenacious mucus was drawn from these parts; it was difficult to loosen, and when loosened it had a metallic taste," &c. *Kali bich.* will be still further indicated, if with the condition of throat described, there is chronic nasal catarrh, a tongue coated with a yellow slimy coat, more or less stomach disorder, a bitter taste in the mouth, and tendency to nausea. These gastric symptoms will be fully gone into when I come to speak of the use of *kali bich.* in gastric catarrh.

You thus see how homœopathic to the disease under consideration is *kali bichromicum*, and experience has amply verified the value of the indications. You had better give it in the 8x dilution, one drop three times a day. Follicular pharyngitis is frequently, however, a very obstinate affection, and in certain cases you may require to assist the internal treatment by local applications, which may be either applied by swabbing the parts, or by the atomising apparatus. The best of these applications is the pure tincture of *hamamelis*, a drug which I shall afterwards mention as a remedy of great value in chronic varicose states, and as having a special affinity for the venous

system. Or you may use *nitrate of silver*, gr. xx. ad. 3j. or *tinct. ferr. perchlor.* or *alum*, in solution of gr. v-x. ad. 3j. You will understand, however, that I do not advise you to use these local stimulants, except in such obstinate cases as resist internal treatment.

In naming the internal medicines I have done, I do not mean you to understand that these are the only remedies. I might have mentioned *lycopodium* for example, and others which in special cases may be indicated in preference to those I have described. But in a course of lectures like the present, it is simply impossible to do more than give an *introduction* to the practice of homœopathy, and in the case of each disease to name and indicate those medicines which are the leading remedies, and those which in the majority of instances you will find to meet the case. The indications for the use of the remedies I have named are only meant as an introduction, and a stimulus to the study of the *Materia Medica* for yourselves. It would be a good thing for you, and an excellent help in future practice, if you were to read up in the *Materia Medica* the pathogenesis of each medicine named in the lectures day by day, and when you meet with a case where these fail, or when they do not seem precisely indicated, you will then look up some repertory which will lead you to the investigation of other drugs, which from some special peculiarity will meet your case better.

These remarks I mean to apply not only to the disease we have been considering, but to all the diseases which we shall have in due course to study, and it will explain to you why no mention may be made of medicines of which you may hear, or which you may have seen used in a given disease. You will at once see from the short time we have, and the minuteness with which we require to go into the special indications for each remedy, that to do more than mention the few leading medicines is simply impossible. I therefore trust to yourselves to supplement the lectures by private study of the *Materia Medica*.

CONTRIBUTIONS TO THE TREATMENT OF FACIAL PARALYSIS.

BY MATHIAS ROTH, M.D.*

Definition.—Facial paralysis, which occurs usually on one side of the face, is called *Hemiplegia Facialis*, Dias-

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trophe, *Tortura oris paralytica*, also Bell's palsy, consists of a distortion of the face, caused by a few or many or all muscles of one side of the face being paralysed, whilst the muscles of the healthy side retain their tone and pull the face more or less obliquely to this side.

Description of the seventh or facial nerve.—The facial nerve arises from the posterior border of the pons Varolii, from the lateral tract of the medulla oblongata; some fibres are traced to the floor of the fourth ventricle, and even to the lateral column of the spinal cord. The nerve passes forwards and outwards, and rests on the crus cerebelli; it then enters the internal auditory meatus with the auditory nerve, and, while passing through the whole Fallopian canal, gives off two superficial (large and small) petrosal nerves and the chorda tympani; the large superficial petrosal supplies through Meckel's ganglion the levator palati and the azygos uvulae muscles; the small superficial petrosal (considered by some, a branch of the glosso-pharyngeal nerve), supplies through the otic ganglion the tensor palati and tensor tympani muscles, and presides over the secretion of the parotid gland. The chorda tympani joins the gustatory branch of the fifth nerve, and is distributed partly to the tongue (superficial lingualis muscle), and partly, by the submaxillary, presides over the function of the submaxillary gland. After the passage through the Fallopian canal, the facial nerve leaves the skull by the stylo-mastoid foramen.

Causes.—Organic mischief. Pressure on the nerve after it has left the brain, by cerebral tumours or exudation. Disease of pons Varolii, or of medulla oblongata, atrophy of nerve, thickening of dura mata, exostosis. Injury or disease involving the facial nerve in the temporal bone through necrosis, gunshot wounds, rupture, fractures, tumours, periostitis, disease of the middle ear, hæmorrhage, and exudation.

The peripheral part—

(a) Cut by accident or by surgical operation (thus, Bell's coachman, after a successful extirpation of a tumour, complained that he could not whistle to the horses since the operation).

(b) Enlarged lymphatic glands or other tumours, and mechanical pressure on the nerve, *e.g.* sleeping with the face pressing on the closed hand.

(c) Contusions and concussions from blows on the ear.

The greater exposure of the left cheek to blows on the ear and other injuries is mentioned as a cause of the more prevalent *left* facial paralysis in Germany.

(d) Pressure of the forceps, during labour, on some branches of the facial.

(e) Cold. Chilling the face while it is warm. Niemeyer mentions looking out of the window immediately after rising in the morning, and Halla believes the railways have increased the number of facial paralyses, because people hurry to the railway, and while warm expose their face to the draught of the open window. Rheumatic affection, neuritis, congestion of adjacent parts, inflammation of the sheath of the nerve, gout, syphilis, and malaria.

Symptoms.

1. Complete absence of expression on the affected side,
2. Which is flattened and smooth, all expression is destroyed ; it is a complete blank, and does not respond to any emotion.

3. The affected half of the mouth is lower and broader than the other.

4. Saliva, as it cannot be retained by the relaxed lips, flows from the mouth.

5. The aperture of the nose is smaller, as the nostril falls in, the nose is or looks pinched on one side, and cannot be expanded during inspiration through the nostril, which is dry.

6. The eye cannot be shut when the patient attempts to close it. The eyelids are unusually apart, the lower dropping down and the upper raised by the levator palpebræ superioris, which is supplied by the third nerve.

7. The tears, not being conducted to the puncta, trickle down the cheek.

8. The conjunctiva of the eyeball is irritated or inflamed by the presence of dust or other foreign matter, causing injury of the deeper structures.

9. When attempting to bring the affected muscles into play, the face appears distorted.

10. The face is drawn to one side when the patient smiles or laughs, because only the muscles of the healthy side are acting vigorously, whilst the paralysed muscles (risorius and zygomaticus) of the other side remain immovable, and do not oppose any antagonistic action ; the

tip of the nose and middle of the mouth are drawn to the healthy side.

11. During expiration the cheek puffs out like a loose sail.

12. The alimentary bolus cannot be pressed towards the jaws, because the buccinator is paralysed; as one of the functions of this muscle is, with the assistance of the lateral actions of the tongue, to submit the food to the action of the jaw, the food accumulates between the jaw and cheek, and the patient is obliged to remove it with his fingers.

13. The patient cannot raise the eyebrows or frown, thus all wrinkles are obliterated; hence Romberg remarks "there is no better cosmetic for old women than this palsy, because the forehead becomes as smooth as that of a child." He cannot frown, knit the brows, close the eye, raise or open the nostril or upper lip, close or purse the mouth, whistle, blow, smile, spit, or pronounce distinctly the labial sounds, viz., b, p, m, f, v. He cannot retain the food between the jaws.

Perverseness of taste on one side, slight drawing of the tongue, difficult secretion of saliva, relaxation and imperfect action of the velum palati, oblique position of the uvula—pointing to the healthy side; a kind of nasal twang to the voice occurs when the nerve is implicated inside the stylo-mastoid foramen.

Diminution of the sense of taste, when the cause is above the chorda tympani, which, being an efferent nerve, increases the flow of submaxillary saliva, supplies the superficial lingualis, and erects the papillæ of the tongue; the dryness of the mouth diminishes the ready solution of sapid substances and the non-erection of the papillæ diminishes the sense of taste.

The depression of the palatine arch on the affected side, the levator palati being paralysed (great petrosal), the uvula is pulled into a bow shape, with the concavity to the healthy side, because the small petrosal acting on the small muscle of the uvula is paralysed.

Acuteness of hearing on the paralysed side is ascribed (by Landongrey) to the paralysis of the tensor tympani supplied by the otic ganglion, while Brown-Séguard attributes it to the hyperæsthesia of the acoustic nerve from vaso-motor spasm; when the lesion is within the cranium, there are symptoms of derangements of the optic nerves.

Hemiplegia, mental disturbance, headache, and paralysis of limbs on the opposite side are sometimes present as well as deafness, otorrhœa, neuralgia or anæsthesia, or only the lower part of the face is affected.

Mischief in temporal bone. Palate and tongue are affected. Electric irritability is *retained* in cerebral disease; when due to *cold* it may be increased.

The cases of double facial paralysis or *diplegia* are very rare. Wardemitz, of Dorpat, has described this disease, and Pierreson has collected twenty-eight cases; this diplegia is usually a central disease. Wright has given the reports of two cases in the *Brit. Med. Journal*, 1869, p. 184.

Prognosis.—Squinting, deafness, anæsthesia, and palsy of the extremities on the other side, are signs that the cause of the paralysis is *within the cranium*, and the prognosis *bad*.

Chronic otorrhœa, more or less deafness, obliquity of the uvula, dryness of the mouth, perversion of the sense of taste, prove that the *source is in the Fallopiian canal*, and the prognosis is still bad, but not so bad as when the mischief is within the cranium.

The absence of the previous symptoms, and if exposure to cold or any external mechanical injury is the cause of the *peripheral* part only of the facial nerve being affected, the prognosis is more favourable.

The oblique and distorted position of the face varies according to the intensity and long standing of the affection, which is either only a concomitant symptom of the various species of hemiplegia, called apoplectica, serosa, scorbutica, arthritica, syphilitica, toxica, mesenterica, rheumatica, &c., or it is sympathetic or caused by *reflex* action in a remote part. Thus spasms of the uterus, pregnancy, disorders of the liver, and other abdominal organs, or mechanical agents, such as bilious and renal catarrh and worms, cause facial paralysis, which is also idiopathic when no other organ is affected and the paralysis merely localised in one half of the face; this last form is often the effect of previous grief and care, and also of a local rheumatic affection. If both anodynia and akinesia, that is, want of sensation and movement, are present, the facial paralysis is complete, and when one of these symptoms is only wanting, it is called partial.

I wish to call your attention to those symptomatic forms of chronic facial paralysis, which after the cure and im-

provement of the original hemiplegia, still continue, and to the idiopathic forms which after a protracted treatment have not at all or very little improved. *The inconvenience* caused by this complaint is manifold, and has a very depressing influence on the mind of the patient, because he is aware of his very awkward and distorted face and of the disagreeable impression he produces on those who surround him, as well as on strangers. This causes constant shyness, unusual nervousness, and induces him to cover his face more or less frequently. These moral influences, under the best circumstances, retard the improvement, therefore, we cannot be surprised to find that the patient is ready to undergo any treatment as long as any hope is held out to him of some improvement; all kinds of irritant ointments, electric and magnetic bands, and even the most absurd means and remedies will be resorted to ungrudgingly.

The old school still resorts to strychnine and veratrine internally and externally under the form of injections, and ointments. Niemeyer recommends local antiphlogistics in recent cases. When a blow or shock is the cause of the disease leeches, cold compresses, and mercurial ointment. In rheumatic facial paralysis, covering the face with well-wrung cold compresses covered with oil, silk, or india-rubber cloth, which are not to be changed until after a few hours, cotton wool, vapour bath, lotions of essence of mustard, mustard plasters, embrocation of croton oil, blisters, &c.

Constant galvanic current, while *induced* current was useless; this latter very useful, when electric contractility has been re-established by local *faradisation*. Electricity is frequently employed in the most unscientific way.

The new school shares in a similar application of electricity, and restricts itself to *rhus.*, *belladonna*, *secale*, *arsenicum*, *causticum*, and a host of other remedies, and when these have not produced the desired effect, it agrees with the old school in leaving the patient to his fate and pronouncing him incurable. The patient, hitherto cheered up through the hope of an improvement, gets usually worse, except when his general state of health and vigour improves, in which case the localised affection remains stationary.

When we minutely examine the various muscles of the paralysed side of the face, we find them more or less flaccid, their substance slightly atrophied, the skin has a lower tem-

perature ; no external or mental impression, nor has the endeavour to move the face, the slightest influence on those parts. This sad state, induced me to try on the paralysed face the same means I had employed with more or less success in the treatment of other paralysed parts, especially the limbs.

First, attention was paid to the general health of the patient, with a recommendation, to take moderate exercise in the open air, to use tepid or warm salt-water baths, and to be sponged with cold water afterwards, or to use cold ablutions after rising in the morning, and while the body was still warm ; sometimes one or two Turkish baths per week have been used, and the patient instructed *how* the bath should be taken ; when necessary the diet was regulated, and a moderate quantity of old red French or Hungarian wine given ; the local treatment consisted in the application of some manipulations he was taught to perform on himself, or one of his relations did them for him.

Local steam douche alternating with a jet of cold douche aid ; localised electricity is applied, partly on single muscles, partly on the principal trunks of the nerves, partly on nerves and muscles, partly inside the cheek, partly outside on the face.

I have used Dr. Tripier's induction apparatus with two medium Leclanché elements, two little olive conductors, or two carbon conductors, *acu* and *aqua-puncture* might also be applied, the first with or without electricity.

As I do not believe it possible that a muscle paralysed for some time can be restored to its natural action without conveying to it the internal and dynamical stimulus of the will, which is more important and most efficacious than any amount of electricity, my final aim is to divert the patient's will to the paralysed parts, analogous to the plan I have been pursuing in the treatment of paralysed limbs, and the plan of which I have minutely described in my monograph on "infantile paralysis ;" here in the first instance the difficulty arose as to *how* to induce the patient to will. In the limbs the medical man is able to do for the patient the actions which he wishes the patient to do and to will ; he is thus able to make the patient believe that he has contributed to the performance of the movement which, in fact, the medical man has done, while the patient tried at least to use his brain power or will.

The will is directed to the paralysed muscles of the face, in various ways,

1st. By obliging the patient to breathe in through the nostril of the paralysed side, while the mouth is closed with the thumb and index, and while the third or fourth finger is placed on the healthy nostril. I have also invented a pair of pincers for closing the paralysed half of the mouth instead of using the fingers; although no trace of movement is observed in the beginning, a slight opening and raising of the nostril will be observed in a short time; the breathing out is done very slowly through the paralysed part of the lips.

2nd. The patient is directed to pronounce *slowly, distinctly and as loud as he can* the labials B, F, M, P, V, with the healthy half of his mouth, first, while the paralysed half is firmly closed by the fingers or pincers; having convinced himself that only half of the lips are required for the pronunciation of these consonants, the patient tries to pronounce them with the paralysed parts, and is directed to do very slowly the first part of the movement in which the lips are compressed. Although it is very difficult at the beginning to pronounce the labials in this manner, the patient soon succeeds by dint of his own and the medical man's perseverance; the closing of the lips is done either by the patient or by the medical man.

3rd. After the labials, the pronunciation of which induces the patient *to think and to will*, that the lips should be closed, the vowels A, E, I, O, U, are used in their Italian pronunciation, as A in "after," E in "red," I in "inn," O in "on," U in "too;" further, I in "mine," OE as the German "Ö," UE as German "Ü," AU as in "how," and U in "tube;" the single vowels and diphthongs are to be first pronounced *short* and afterwards *long*.

4th. After some progress has been made with the labials and consonants, a combination is made of each vowel, being first placed between the same and later between different labials, *e.g.*

Bab	Baf	Fab	Mab	Pab	Vab
Faf	Bam	Fam	Maf	Paf	Vaf
Mam	Bap	Fap	Map	Pam	Vam
Pap	Bav	Fav	Mav	Pav	Vap
Vav					

This scheme will be sufficient to show, that by changing the vowels and diphthongs, a very large variety of move-

ments with the lips can be executed. The combinations of "U," as in "tube," and of the German "Ö" and "Ü" appear most difficult.

As I have directed the patients to practise the pronunciation of labials and vowels, I have encouraged them to put down some sentences for themselves, which they practise before the looking-glass, with the paralysed half of the mouth. These are some of their own specimens :

Papa, please may I mount Maria's pony.

Bob's broken bonny baby's ball.

Very provoking, what foolish memories find room.

Mary, love ! comfort Barbara.

Pray, Peter, persuade Priscilla to pluck that pretty pansy.

Very vague, very voluminous, very volatile, and very vain.

Mention that marked memento more meritoriously.

Bring becoming business better to bear.

While I was preparing this paper a patient sent me two sentences, which he finds very difficult and awkward to pronounce.

"Queer questions quite puzzle me."

"My quarrelsome neighbours have packed up their furniture and taken their departure."

I believe I have given some outline how the will of the patients can be brought to act on the paralysed muscles, and to avoid repetition I will only add, that breathing, blowing, whistling, and speaking with the paralysed half of the mouth, are practised in the same way ; while eating they are recommended to supply the deficient power of the buccinator by holding the cheek near to the teeth while they are chewing.

The passive manipulations assist the nutrition, circulation, and warmth of the paralysed parts. The most useful are :—

1st. Frictions, with more or less pressure, along the fibres of each muscle, can be done with the thumb in circular and longitudinal lines ; common olive or almond oil are used to prevent the galling of the skin.

2nd. Kneading of single muscles, by raising the skin in folds and moving the thumb in opposition to the tips of the first two or three fingers, to and fro or up and down ; the folds of the skin are raised, first transversely, later longitudinally, in order to influence thoroughly all parts by

this manipulation ; a kind of kneading with the palm of the hand on the forehead, cheek, and lower jaw, combined with a circular movements can also be used.

3rd. Vibration with pressure is done with the thumb, or tips of one or more fingers, on all parts of the forehead and face which are overlying the bones ; after twelve to twenty vibrations on one spot, another, at a distance of half an inch, is acted upon in the same manner, till the whole surface has been well vibrated ; where more or less anæsthesia is present, this vibration should be done on the points of exit of the supra-orbital, infra-orbital, and labial branches of the superior trunk of the fifth nerve, as well as for the sake of akynesia on the facial, at the stylo-mastoid foramen ; the pressure must never amount to pain.

4th. Percussion, either with the tips of the fingers or with a small india-rubber hammer, until the part is red and warm, this is done in longitudinal transverse and circular lines.

5th. Pinching and nipping either with the fingers or pincers, in longitudinal, transverse, and circular lines ; this is used in cases where there is greater loss of sensation, and the circulation and nutrition of the skin and muscles is very deficient.

The *mechanical* means for preventing the constant opening of the eyelids, is to raise the lower lid and to fasten it with an adhesive plaster to the upper lid ; I propose to insert a small elastic in the middle of the adhesive plaster, the levator of the upper lid, which is not paralysed, being supplied by the third nerve, permits the upper lid to be raised without permitting the lower to fall down. In this manner many of the accessory symptoms of irritation and inflammation of the eye will be prevented as well as the constant flow of tears.

The raising of the lower angle of the mouth on the paralysed side has been already recommended by a physician in New York ; this is done by a piece of silver wire, bent into a hook at one end, for the angle of the mouth, and then bent again at the other end and carried over the top of the ear, somewhat after the manner of a pair of spectacles ; Dr. Hammond has recommended an elastic band, instead of the second hook, on the ear. The hook I show you here is manufactured by Ernst, and I hope that its use will prevent the flow of the saliva, even in incurable cases.

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 Examine, *Die Pflanzenstoffe in Chemischer &c. Hinsicht*, by Drs. Aug. and Theod. Husemann: Berlin, 1870-1. *Contributions towards the Mat. Med. of the Chinese*, by Dr. Fred Porter Smith, 1871. *Resources of Southern Fields and Forests*, by Dr. Francis Porcher: Charleston, 1869; and *The Useful Plants of India*, by Col. Heber Drury: London, 1878.

REVIEWS.

A Lecture addressed to the Medical Profession, May 24th, 1877, on "The Place of the Law of Similars in the Practice of Medicine." By J. GIBBS BLAKE, M.D., Physician to the Birmingham and Midland Homœopathic Hospital and Mason Orphanage. Birmingham: Cornish Brothers. London: Turner & Co. 1877.

Medical Schisms. A Letter to William Roberts, Esq., M.D., from John Drummond, L.R.C.P.E. and M.R.C.S. Manchester: Tubbs & Brook. 1877.

THE above pamphlets are written especially for the perusal of the allopathic section of the profession; they have both the same end in view, and though the subject is treated in the one in an entirely different manner from that in the other, we class them together for convenience.

Of the first—Dr. Gibbs Blake's lecture—we have to speak in terms of unqualified approbation. It is written in a calm, thoughtful spirit, as issuing from the pen of one who was perfectly convinced of the truth of his views, and who believed he had only to place the subject in a simple, unvarnished manner before his hearers, to convince them of the impregnability of his position. The lecture contains much subject for thought, which would well bear to be treated of more *in extenso*.

Dr. Blake begins his lecture by stating the broad basis on which both schools can and must meet, if they are to meet at all. "In scientific matters liberty of opinion is allowed to each individual, and the right of expression of that opinion is claimed by every one. A creed, in the sense in which that word is used in religion, is not possible; and sectarianism, which arises out of differences of creed, has no place in science. No one can express the opinion of his colleagues in any particular, for

differences of opinion do and will always exist. Political bias makes men uphold as truth what the unprejudiced observer sees is manifest error, and the course is called politic. But science cannot be governed by party." Dr. Blake then proceeds to define the homœopathic method of treatment, and in doing so he quotes Hahnemann. We are glad that Dr. Blake has taken this course, instead of giving a definition of his own. At the present day, when we are so often told by our ignorant opponents that our homœopathy is not that of Hahnemann, it is well that they should hear that Dr. Blake, in defining homœopathy, goes back to its originator for his definition.

The substance of Hahnemann's teaching in the *Organon*, Dr. Blake formulates into six propositions, which form the text for further remarks. The first consists of Hahnemann's own definition of homœopathy: "To effect a mild, rapid, certain and permanent cure, choose, in any case of disease, a medicine which can itself produce an affection similar to that sought to be cured."

In enlarging on this proposition, Dr. Blake states the limitations of the law most clearly and philosophically, distinguishing, as so few do between the *limitations* of a law and the *exceptions* to it. We quote this passage, as well worth the study and thought of those who tell us that, because we occasionally make use of other means than those of drugs given on the homœopathic principle, our practice has no title to be called homœopathic. "All diseased states dependent upon removable causes, such as defective hygienic conditions, mechanical irritants and poisons, he (Hahnemann) excluded from the discussion, because they belonged to preventive medicine, and not to drug medication.

"The limitations of a law must not be confounded with the exceptions to a law. We have just seen that the law we are discussing, is one that applies only to drug medication; therefore, all hygienic dietary, and surgical methods of dealing with diseased states of the body are not matters of discussion in this place. The extraction of a thorn, the expulsion of a tænia, the destruction of an acarus, are beyond the limits of the action of the law, but the use of iodide of potassium in secondary disease is apparently an exception. The exceptions are so few, when the conditions are properly observed, that they do not prevent the successful use of the law in the art of healing. In the same way, the exceptions to the law that heat causes bodies to expand do not prevent the application by the mechanical engineer of the law of expansion of bodies by heat. In both cases, too, the exceptions can be utilised, and in both cases, perhaps, the exceptions may be explained by the discovery of a natural law that will include the empirical law. The exceptions are not novel. They have been frequently stated, discussed, and accepted by the majority of those who use the method of cure." (pp. 5-6.)

In order to carry out in practice Hahnemann's proposition, as embodied in his definition, Dr. Blake states other five propositions, which summarise the views of the *Organon*. The first of these is that the effects of medicines must be ascertained on the healthy body. This is now so generally admitted that little requires to be said in support of it, but Dr. Blake hits the weak point of recent allopathic experiments on the lower animals, as contrasted with Hahnemann's provings on man, in the almost entire absence in the former of subjective symptoms, which are of such importance for the understanding of a disease. He says :—

“ The effects produced by drugs upon animals are accumulating daily, but the effects upon the healthy human body have not yet been methodically observed by pharmacologists. The former are of considerable value, but for the application to the treatment of disease the subjective symptoms as well as the objective must be observed and recorded. In experiments upon animals the subjective symptoms are meagre and liable to error in many ways, as I shall attempt to show you hereafter.” (p. 6.)

The next step is to ascertain the method of application of the drug so proved. Hence comes Proposition 3, that for therapeutic purposes the totality of the symptoms is equivalent to the disease; the “ symptoms ” being “ the abnormal signs that can be observed by *all the senses*.” Proposition 4 follows from this, as a matter of course, that the individual must be treated, and not the nominal disease. Dr. Blake's remarks on this point are very clear and forcible :—

“ Classification and nomenclature are necessary for scientific arrangements. Diagnosis and prognosis are requisite in the art of healing, both for the proper understanding of the relationship existing between different groups of symptoms as well as for the comparison of the results of treatment. But each case of disease must be individualised, and the age, social condition, diathesis, and other factors must be considered in treatment.

“ It must not be assumed, because phosphorus produces fatty degeneration, that in all cases fatty degeneration = phosphorus ; but we may formulate the relationship between the diseased state and the drug in this way. Let x + fatty degeneration $\times y$ = phosphorus ; in this equation x represents all the symptoms and physical signs to be found in the case, and y stands for the qualification of the degeneration as modified by the diathesis and other factors which go to make up the individual. Pharmacology may never enable us to attain to mathematical exactness in prescribing a drug for an ailing individual, but that is no argument against the attempt being made to approximate to such a result.

“ I think that I am not in error in stating that, if a hundred

well-qualified and so-called orthodox medical men were called upon to prescribe for any number of cases of epilepsy, ninety-nine would order the bromide of potassium for all the patients. I allow that the tendency of all text-book teaching tends in the direction of routine practice, and the desire to avoid this error accounts for the fact that text-books of the usual kind have been discouraged by homœopathic practitioners. Our text-book takes the form of an index to the provings of various drugs, so that each case may be individualised as much as the information afforded by the provings will allow." (pp. 7-8.)

Proposition 5 follows also as a corollary from the definition of homœopathy. For it stands to reason that, in a case of disease, if a drug is given which can produce even in the healthy body a similar disorder, a less dose must be given than such as will produce these symptoms—otherwise the physician only does harm. Thus we have a limit to what is a homœopathic dose on the *maximum* side. The minimum dose, or the best dose, must be left to individual experience.

The sixth proposition states that only a single medicine must be given at one time. This seems, as Dr. Blake remarks, to the non-medical mind, almost a truism, but so far from this being the case in the profession, it is a rare thing to see a prescription given at the present day containing only one ingredient. Well may it surprise Dr. Blake that Dr. Lauder Brunton, in his recent lectures, did not name this as one cause for the slow advance of therapeutics. In concluding this part of his lecture, Dr. Blake makes the relation to homœopathy of the psora and dynamization doctrines clearly understood, and points out that even if these theories had no foundation it would not affect the question of homœopathy.

Our author then comes to notice the word homœopathic, and and the objections now raised to it, and suggests "homœotherapeutic" as an alteration.

Next, the question of the cause of our separation from the rest of the profession is discussed, and Dr. Blake very forcibly puts the matter as follows:—

"We are not responsible for our separation from the main body of the profession. If all communications on a particular subject are excluded from a portion of the Press, a separate literature is the inevitable result. Suppose that no cases of disease of the eye were allowed to be printed in the medical journals, would you be surprised at the separation of the ophthalmic surgeons from the profession, and at the hostility produced by such an act of injustice? Similar injustice has been and still is done to those who hold the opinions that I have put before you to-day. (p. 12.)

He suggests that homœopathy ought to be looked upon in the

light of a speciality, and its practitioners as specialists in the department of therapeutics. As to the name homœopathy, Dr. Blake says :—

“I have no wish to perpetuate the name, but the thing that the name signifies to me, I think, will be perpetuated. When correct ideas of the application of the law of similars become general amongst the profession, the value of the guidance of the law will be appreciated. Then the distinctive name will cease to exist, just as the Newtonian philosophers were distinguished from the Cartesian for 50 years after the publication of the *Principia*. Some men believed that Newton was wrong, and that Descartes was right, till the day of their death, although Newton's discoveries made their way with unusual rapidity.* In like manner many men now in practice may never change their opinions on therapeutics.” (p. 18.)

In conducting the therapeutic experiments that are now being made by allopaths, on the lower animals chiefly, Dr. Blake insists as a necessity that, if these experiments are to be of any therapeutic value, they should be made on the healthy human body, otherwise subjective symptoms, which are so important, cannot be recorded or observed; that as in the description of a disease, the minutest symptom is noticed, so in the proving of a medicine, even symptoms, however trifling in appearance, ought to be carefully noted; that in these investigations there should be no previous bias of therapeutic views, and that the correlation between the symptoms of disease and drug, in both similar and contrary actions, should be also noticed and recorded. At present it is only the contrary effect of the drug which is observed, the similar action being ignored; so much so, that if such experiments do not tally with previously well-ascertained facts in cure-work, even though the doses in each case are totally different, the latter are at once set down as false or erroneous. The idea would never seem to strike the experimenter that both sets of facts may be true, that the difference in the dose accounting for the discrepancy, were they to keep their eyes open to the action of similars, as well as that of contraries, there would not only be no difficulty in reconciling the two sets of facts, but the apparent discrepancy would be hailed as a fresh illustration of a great law. Dr. Blake puts the absurdity of this one-sided investigation very clearly. In conclusion he suggests the formation of a Therapeutic Society, of which all, of whatever therapeutic belief, who are in earnest in the cure of disease, may become members. The perusal of Dr. Blake's lecture cannot fail, one would think, to make one of the old school pause and think whether he is not at present

* Whewell: *History of Inductive Sciences*. Vol. II., p. 190, et seq.

pursuing the most melancholy course which an earnest man can tread—that of fighting against truth.

Dr. Drummond's letter is, with the exception of one great flaw, which we shall presently notice, an admirable one. It is addressed to Dr. Roberts, of Manchester, as a medium for the allopathic school. A number of years ago Dr. Roberts published a pamphlet, in which he tried to show up the difference between homœopathy as practised in Manchester, and the homœopathy of Hahnemann, or what Dr. Roberts chose to represent as the homœopathy of Hahnemann. Dr. Drummond, therefore, takes Dr. Roberts as his medium of communication. He points out that, as Hahnemann was not inspired, his system was not born perfect, but is capable of great development, and, in several points, of improvement. He next refers to the tyrannical rule of the British Medical Association passed in 1851, by which homœopaths are excluded from all professional intercourse; and asks what has been gained by it. He then points out forcibly what an entire change has come over the face of allopathic therapeutics since then, how Sir John Forbes' predictions have come true, and how this improvement has been the result of homœopathy. He also points out what a number of valuable remedies acting specifically have been discovered by the homœopathic method; and how the influence of Ringer and Phillips is making itself felt. Therefore he concludes that as old-school practice is so rapidly amalgamating with ours by the adoption of our method and remedies, there is every reason for altering the relative positions of the two schools, and making both one.

The letter is written in a terse, forcible style, and must have made some impression on the members of the British Medical Association, to whom, in view of the recent meeting in Manchester, it was largely sent. It has been published and circulated, with the approval and at the expense of the Manchester Homœopathic Medical Society. It therefore comes with a semi-official *imprimatur*, and we therefore regret the more to find in it what we conceive a very great flaw. In all discussions respecting the merits of high and low dilutions at which we have ever been present, none of the low dilutionists dreamed of asserting that the higher dilutions did not cure. The only point which they maintained was that in their experience the low dilutions acted *better* than the high. But here we find Dr. Drummond, and by their *imprimatur*, the Manchester homœopaths, asserting plainly that the high dilutions were, "as far as medicine was concerned, a nonentity." From the passage we quote below, it will be seen that Dr. Drummond consigns the 8rd centesimal dilution to the same category. In case we should seem to misinterpret Dr. Drummond, we give the passage verbatim:—

"Can you marvel that the early homœopathists, confused by the positive negation of causing death, by avoiding the popular—or the orthodox if you wish—treatment by blood-letting, salivating and blistering, and comparing the successful results of their treatment with what was going on around them, not only *reduced* the dose to what is necessary in giving a medicine homœopathically, but went far beyond it, and by using a tiny globule which, as far as medicine was concerned, had become a nonentity, accounted for the startling results by some unknown dynamic or spiritual force? It took time to discover that a patient was made ill by the treatment he had been undergoing under the *orthodox school*, and when he placed himself under the new regime, and swallowed a teaspoonful of a solution of one globule of sugar of milk in a tumbler of water and recovered rapidly, both the patient and the doctor were deceived, and enthusiastically exclaimed, See what a globule will do! The reduction of the dose from units to tens, from tens to hundreds, nay to millionths, or to trillionths seemed immaterial, the dominant school was nowhere in the race! Miracles were still wrought by the globule. The mortality of many acute diseases was reduced from twenty to five per cent., and the minute globule received the credit of the whole. Had the old school remain unchanged, homœopathy might have continued a system of globulism, and the later teachings of Hahnemann might have blinded his disciples, and obliterated the wonderful discovery of an earlier and stronger age."

Now we must protest against this whole passage. To state, as the allopaths do, that homœopathy was till lately "a system of globulism," and that the medicines were in reality no medicines at all, is a grave error to have fallen into, and must put a strong weapon of attack in the hands of our opponents. We are almost afraid that in the mind of any thinking allopath, this passage must have acted as an antidote to the rest of the letter. The early triumphs of homœopathy were made entirely with the higher dilutions, the cures made were as palpable to educated observers as could possibly be, and we cannot understand how any one of our body who has been so long in practice as Dr. Drummond has, could make such statements, and say, "that the specific effects of these drugs is readily produced by single drop doses of the *first decimal* dilution of the vegetable substances, and single grain doses of the 1st centesimal trituration of the mineral substances." We venture to say, that from very many of our more important remedies, Dr. Drummond will not get, to say the least, the full effect by such low dilutions.

NOTABILIA.

HOMŒOPATHIC CONGRESS.

A CONGRESS of Homœopathic Medical Practitioners will be held at the Adelphi Hotel, Liverpool, September 13th, at 10 a.m. The business of Congress will be opened by an address by the President, Dr. POPE, on "*The Cause of Professional Opposition to Homœopathy.*" After the President's address a short interval will allow the Treasurer to receive subscriptions; then Dr. DRYSDALE will read a paper, on "*The Double and Opposite Action of Drugs;*" and Dr. HUGHES one on "*The Two Homœopathies;*" of the latter the following is the syllabus:—

I.—1796-1806.

Hahnemann propounds a therapeutic reform, consisting of—

1st. The apprehension of disease by its symptoms, *i.e.*, by its clinical characters and history.

2nd. The ascertainment of the powers of drugs by experimentation on the healthy human body.

3rd. The application of drugs to disease by the rule *similia similibus curantur*.

4th. The administration of remedies singly, instead of in complex admixture.

5th. Their prescriptions in doses too small to aggravate existing troubles or cause extraneous ones.

The value of such a system argued against Hahnemann's enemies, and its legitimacy as a true homœopathy maintained against his more ardent disciples. The ironical value of its existence amongst us.

II.—1810-1828.

Hahnemann, in the ripest years of his life, elaborates his system by thought and observation. The result is the establishment of—

1st. Individualization in applying the rule of similarity, and the preference of unusual, of subjective, and of mental symptoms in the process.

2nd. The positive advantage of attenuation, even to the thirtieth degree in many instances.

3rd. Treatment by single doses as well as by single medicines.

4th. The doctrine of the diathetic origin of chronic disease.

The psora and dynamization theories mingled with these principles are not of their essence, and may be disregarded. The principles themselves shown to have solid bases.

Further developments of his system on Hahnemann's part belong rather to his senility. But his second homœopathy, as now characterised, maintained to be worthy of more cultivation than it has received in this country. Its distinctiveness of feature will preserve his method from being absorbed in mere empirical practice, whatever be the future of his British disciples."

At one o'clock the President will leave the chair for an hour. At two o'clock a paper will be read by Dr. EDWARD BLAKE, on '*Pulmonary Emphysema.*' *a.* Literature. *b.* Ætiology—Anatomy—Mechanism. *c.* History of Typical Cases. *d.* Complications—Asthma, Bronchitis, Hæmoptysis. *e.* Sequelæ. *f.* A New Pathognomonic Sign of E. Illustrative sketches. *g.* Mortality—Mode of death. *h.* Treatment. *i.* Cases. Special points for discussion:—Is it your practice, no acute symptoms being present: To aim at totality of symptoms? To ameliorate primary condition of lungs? Or to mitigate most urgent morbid process?

Dr. Skinner will show a New Fluxion Centesimal Potentizer; and will offer a few remarks on high potencies.

At four o'clock the Congress will resolve itself into a Committee to receive the reports of the Sub-Committee, anent the World's Convention of 1881, and of the Hahnemann Publishing Society; to elect a President and Office-bearers; to select the place of meeting for the next Congress; and to transact any other business which may be necessary. Dr. Moore will introduce the subject of the title of the School, with a view to its final settlement. The members will dine together at six p.m., at the Adelphi Hotel, Liverpool. The subscription to the meeting, including a copy of the transactions and dinner, is twelve shillings and sixpence.

We would take this opportunity of reminding our readers that the discussions which have recently taken place with regard to homœopathic practitioners and their relation to those who do not profess to believe in homœopathy, render this Congress one of unusual importance. We would, therefore, urge all to attend who can do so; to regard being present as a duty, in order that by the number gathered together, and by a decided expression of opinion on the topics that have lately been made so prominent, we may be able to prove both to the profession and the public that anything approaching our *striking the flag* is impossible, and that there is no immediate prospect of the last utterance of the *Lancet*—that homœopathy "is dying of sheer inanition"—being realised.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at the Adelphi hotel, Ranelagh Place, Liverpool, at 8 o'clock in the evening of Wednesday, the 12th instant; and, if necessary, by adjournment, at 9.30 a.m. on Thursday, the 18th.

It is very desirable that as many members as possibly can should be present on Wednesday evening, as important business will be brought forward.

Gentlemen who may have any reports or suggestions to make should communicate at once with the Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

THE LONDON HOMŒOPATHIC HOSPITAL.

ANOTHER Special Meeting of the Governors and Subscribers of this Institution was held on the 30th July, for the purpose of taking the poll demanded on the proposals submitted by the Board to the Special General Meeting which took place on the 19th of June.

The proposals made by the Board will be found in detail at page 446 of our July number, and are summarised in a letter from "An Old Subscriber," which was published in our last month's issue.

In favour of the Board's proposals *one hundred and sixty-one* voters recorded 1,418 votes; against these proposals *nineteen* subscribers tendered 1,380. In votes the Board had a majority of 38—of persons interested in rendering the Hospital efficient, the majority was 142 in their favour.

It must also be remembered that of the 1,380 votes recorded by 19 subscribers, 1,202 were tendered by Dr. Quin, a power exercised by him in virtue of an arrangement which, we understand, was entered into many years ago.

That the management of the Board has the sanction and confidence of the vast majority of the subscribers, is eminently satisfactory, to all who desire to see our Hospital prosper. We trust that this very decided expression of opinion will suffice to prevent any further obstruction being placed in the way of the Board's performing their very important duties.

SPECIAL FUND FOR THE LONDON HOMŒOPATHIC HOSPITAL.

AN attempt is on foot to place the funds of this admirable institution on a securer basis. It is much to be regretted that a nobler response has not already met the urgent appeals for aid that have been widely circulated. The number of patients applying to the charity involves an expenditure, which, in spite of all the efforts of the Board of Management, goes far beyond their ordinary income. Last year the deficit amounted to £664. The year before a balance against the Hospital of £228 5s. remained. This year it is feared that a similar deficit will occur. Now the closure of any of our wards or of our beds is not to be thought of. The interests of medical science demand that we should *enlarge*, and not *contract*, our means of demonstrating the curative power of our system, and equally all that is charitable within us, protests against limiting our means of affording relief to human suffering. We must, therefore, urgently appeal to all our physicians and surgeons to bring the needs of our Hospital before their patients. A few are actively interesting themselves, but we want an united effort. If each of the Medical Governors

of the School of Homœopathy will undertake to give or to collect £10 10s., it would enable us to place 1,020 guineas to the credit of the Hospital. A few members of the Board of Management, and others, have privately subscribed about £700 (and it is hoped that more may yet be contributed by other members of this body), with which to commence a special fund to be applied to wiping off the debts of the Hospital, and to increase its reserve fund.

Recent improvements have (as we have seen) lately withdrawn about £3,000 from this fund. It is hoped that this sum may not only be replaced, but that the fund may be increased up to £20,000, which is essential to the permanent well-being of the Hospital. The sums already collected vary from £5 to £105. A large and self-denying effort is loudly called for in this matter.

THE LONDON SCHOOL OF HOMŒOPATHY.

52, GREAT ORMOND STREET, W.C.

The Winter Session.—The Introductory Lecture is to be given on Tuesday, the 2nd of October, at 5 p.m. We hope a large number of the supporters of the School will be present, and will induce their friends, at present on the other side of medicine, to come with them. The lecturer appointed is Dr. RICHARD HUGHES, and his Lecture will, we understand, be explanatory of the Theory and Practice of Homœopathy.

SUBSCRIPTION LIST.

Amount already acknowledged, £3,538 12s. 6d.

New Medical Governors in addition to those announced last month.

*Thomas Neatby, Esq., M.D.	...	...	£1	1	0
*D. Dalzell, Esq., M.D.	...	...	1	1	0

New Subscriptions and Donations.

T. Daniel Hill, Esq.	...	...	£10	0	0
The Rt. Hon. Lord De Blaquiére	...	...	5	0	0
Miss Lloyd	...	...	1	0	0
W. Davy & Son	...	...	1	1	0

* Indicates annual subscriptions.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, to Dr. BAYES, Hon. Sec., or to

Sept., 1877.

FRED. MAYCOCK, *Secretary.*

GLEAMS OF LIGHT.

WE learn from the *Medical Record* of the 15th ult., that at a late meeting of the Medical Association of New York, Dr. S. Henry Dessan read a suggestive paper on "The value of Small and Often-Repeated Doses," which is reported in the *Philadelphia Medical Times* of July 21st. His attention was

directed to this subject, he said, by the admirable work of Sidney Ringer on Therapeutics. He has found the method an agreeable as well as useful one, particularly in the case of children, and he has had an opportunity of carrying on his investigations in the New York Foundling Asylum, and the district service of the New York Dispensary. In these he has been guided partly by the recommendations of Ringer and other recent authorities, and partly by ideas occurring to himself. The following are some of the results obtained. In the vomiting of infants and young children, due to various causes, he found the wine of ipecacuanha, in one-drop doses every hour, of great efficacy, and it was also very useful when diarrhoea was present. Fowler's solution, in the same doses, proved equally serviceable in the vomiting after a debauch, and in the morning vomiting of chronic alcoholism, either alone, or combined with from three to five grains of capsicum. In the vomiting incident to some forms of phthisis and chronic bronchitis, he found alum in two to five-grain doses, repeated every one, two, or three hours, to act most happily. After pertussis there was frequently a cough, without much bronchitis, and occasionally accompanied with spasm of the larynx, which continued for a long time, and he had found that this also was promptly relieved by alum, in from one to three-grain doses, which might be given in syrup of wild cherry. In a form of bronchitis occurring in children, alluded to by Ringer, which was characterised by loud wheezing and asthma-like respiration, and which was chiefly troublesome at night, tartar emetic proved the most efficient remedy. The strength of the solution used was from one to three grains to a pint of water, and of this a tea spoonful might be given every hour or so. In continued bronchial catarrhs, especially if accompanied by diarrhoea, it was also of great service.

In syphilis, when there was such severe cephalalgia as to render the patient perfectly miserable, one sixtieth of a grain of calomel, given every hour, acted like magic. In gastro-intestinal catarrhs in children he had used calomel in one sixtieth of a grain doses successfully, but better still was the hydrargyrum cum creta in one sixth-grain doses. When the stools were of a mucous character, whether containing blood or not, corrosive sublimate was indicated. It was given in a solution of the strength of one grain to sixteen ounces of water, a tea spoonful being ordered every hour. In gonorrhoea, when the case was seen within twenty-four hours from the commencement of the attack, the disease was promptly cut short by injections every hour of a solution of sulphate of zinc, of the strength of only one grain to the pint of water.

Dr. Dessan said he believed he had been the first to use copaiba in urticaria, and he had been induced to try it in one-

drop doses every hour, on the ground of *similia similibus curantur*. In retarded menses he had used one-drop doses of the fluid extract of ergot, and in dysmenorrhœa, five-drop doses of fluid extract of hamamelis, with success; while in uncomfortable flushes at the time of the menopause, one-tenth of a drop of nitrite of amyl had been of service. The tincture of aconite in one drop doses was exceedingly useful in scarlatina, and tincture of cantharides, in the same doses, in sub-acute vesical catarrh. The mineral waters so much in vogue at the present day are also an illustration of the value of small doses, since the active salts in them were in exceedingly minute quantities.

Though much of what he had said, Dr. Dessan remarked, might seem to favour the doctrines of homœopathy, he had seen too many cases of intermittent fever cured by large doses of quinine, too many cases of dysentery cut short by drachm or half-drachm doses of ipecac., and too many cases of delirium tremens at once relieved by a table spoonful of tincture of digitalis, to commit himself to any such dogma as that. If asked upon what principle he gave these remedies, he would reply, on that of actual experience. Many drugs undoubtedly had a primary stimulating effect if given in small doses, while in larger doses they were powerfully sedative.

He believed with Stillé that the effects of medicines could not be properly determined upon healthy subjects, because in them there was lacking an important element which might modify it very greatly. In the light of recent investigations by various authorities, he thought it would be a good plan to have the doses of all the agents in the Pharmacopœia so regulated as to produce the greatest possible effect, with the smallest possible quantity, and that if this was done, it was probable that the doses of many disagreeable medicines would be materially diminished.

AGARICUS MUSCARIUS AND GLONOINE.

IN the *Lancet* of August 11th there is an interesting proving, conducted by Dr. Sidney Ringer and Mr. Morehead, on the human subject, of *muscarin* one of the active principles of the *agaricus muscarius*, one of our best-proved medicines. Did this paper add materially to our knowledge of the action of *agaricus*, we should have had much pleasure in reprinting it with due acknowledgments to its authors, but as it only corroborates our provings, we simply notice this fact, with a few comments. There is, however, one point worthy of attention in Dr. Ringer's investigations, and that is that by sub-cutaneous injection of gr. $\frac{1}{4}$ —gr. j. of *muscarin* he can produce almost as decided and profuse diaphoresis as with *pilocarpine*.

The chief point of interest to us, in this investigation, is the corroboration it gives of the truth and accuracy of our provings.

The pathogenesis of *agaricus* is a very peculiar and well-marked one, and an allopathic opponent might doubt whether such provings were reliable. Several of these peculiar symptoms are produced in Dr. Ringer's provings with *muscarin*, but they bring out only a portion of our symptoms. How is this? Schiff remarks, and Ringer quotes him as saying, that the *agaricus* must contain some other active principle besides *muscarin*, and that this other is probably allied in its action to *atropia*. This clears up the whole difficulty. Could we suppose the action of *muscarin* + an alkaloid resembling *atropia*, we should have as their sum what our provings show is the action of *agaricus*. We thus see that it by no means follows that by the administration of an alkaloid or an "active principle," we get the same results as are got from the plant itself. Consequently, if the plant as a whole has been proved, it and not the active principle should be used as a medicine.

We also notice in the last volume of the St. Bartholomew's Hospital Reports, a report of some investigations on the lower animals with nitro-glycerine (our *glonoine*), conducted by Dr. Lauder Brunton. He found that in cats it produced very decided paralysis, which he ascertained to be due to action on the cerebral motor centres, and not on the cord, at least primarily. He also finds that *glonoine* is a muscle-poison. When he comes to the action of *glonoine* on the brain, his results are from observations upon himself and his assistant, Mr. Tait. It not only amply corroborates our provings, but is interesting as a testimony to the power of infinitesimal doses. We quote the passage: "One of the most remarkable effects of nitro-glycerine is the intense headache it produces, even in infinitesimal doses. Almost all observers agree about the fact of its producing headache, but they differ as regards the nature of the headache. According to our experience, it is not always of the same kind, being sometimes frontal, sometimes occipital, sometimes effecting one side only, and at other times the whole head. In one of us (Brunton) it was several times accompanied by vomiting. . . . None of the poison was taken by the mouth, and as it is non-volatile the amount taken in by the lungs must have been infinitesimal. It is possible that, as some writers have supposed, a little of it was absorbed by the skin, but the quantity thus taken must have been excessively minute."

We are glad to see that in naming several authors who have experimented with nitro-glycerine, he mentions Hering. Dr. Brunton in this paper confines himself entirely to his own experiments, and he promises further investigations, with suggestions as to its possible use in medicine. We shall look out eagerly to see what the nature of his suggestions are. Judging from his experiments, he will not find much indication for its use in

medicine on an allopathic principle. But in making inquiries into the action of medicine on the healthy body, how long are Drs. Ringer and Brunton going to ignore (openly at least) our careful provings? They will learn much more from them as to the complete action of the drug, than from all the experiments on the lower animals put together.

REST AND MOTION.

THE following remarks on Rest and Motion as "Topical Remedies in Surgical Practice," by Mr. Bradley, of Manchester (*Med. Times and Gaz.*, Feb. 24), are well worthy of attention.

Rest.—In a vast number of surgical affections the main object is to secure physiological rest. Thus, in all fractures and sprains in the acute stage of joint affections, in every variety of wound, the surgeon's chief care is to give rest to the injured part; and in securing this end some knowledge and much ingenuity are often requisite. To rest a joint satisfactorily it is generally necessary to lock two—that is, the joint either above or below the diseased articulation. Thus, in giving rest to an inflamed shoulder the elbow should be brought to the side; and immobilised as well as the shoulder, and the scapula steadied by a rib-bandage. In the case of the elbow, perhaps this caution is less necessary than in other joints, though even here it is better in acute arthritis to carry an L-shaped splint beyond the wrist, so as to put a stop to pronation and supination. In affections of the wrist, a good sling, in addition to a splint along the palmar aspect of the arm, is sufficient. I may mention in passing that the position of physiological rest for the wrist is one in which the hand is in a direct line with the forearm; and hence in treating Colles's fracture of the radius the hand should not be adducted, as it must be when we use the pistol-shaped splint, or abducted, as Dr. Gordon recommends, but maintained in a position midway between the two, which is very efficiently done by two straight splints. In securing rest for the hip Liston's long splints may be employed; or, with a bed properly made—that is, raised towards the feet—extension with weight and pulley answers perfectly well. Special apparatus, such as Sayre's or Thomas's splints, are often of the greatest value to the surgeon in obtaining a position of perfect rest for this often-diseased joint. And so in the case of the knee, the splint invented by our present house-surgeon, Mr. Wartenberg, is an admirable one, because, while, affording complete rest, it gives the surgeon every facility for dressing the joint as frequently as he desires. In the lower extremity, still more than in the upper, it is impossible to rest and quiet a joint without securing its neighbour. Therefore, in diseased hip, lock the knee as well as the hip; in diseased knee,

secure the ankle; in diseased ankle, take care that the back-splint reaches above the knee, so that this joint is made to share the confinement.

A time comes, however, when rest is no longer of service, but becomes a source of peril to the utility of a limb—that is to say, there is a tide in the disease of a joint which, taken at the flood, may lead to perfect restoration; but which, allowed to lapse, may perhaps entail a future of irremediable mischief. It happens not unfrequently, too, that it is the lot of the bone-setter, rather than of the regular practitioner, to secure this fortunate moment; for a patient, wearied with splints and starch bandages, perhaps seeks advice of an extra professional character, and so it comes to pass that the shrewd quack, handling the joint which has been kept in prison so long, exclaims, “Ha! I thought so! here’s a bone out of place,” or “The joint has slipped;” and straightway, with a few forcible movements, something gives way, the joint is put in again, and the patient is delighted and astonished to find that the quack has been as good as his word, and has loosed him and let him go. Such are their successes; of their failures we perhaps do not hear quite as much as we might if the maimed ones were always equally ready to report results to their medical attendants. Perhaps you can have no more general rules to guide you in this difficult question of when to abandon rest for action than these: as long as there is redness of heat (and heat is far more important than redness), or pain on slight passive motion, rest must be enjoined; but when there are none of these symptoms present, then the sooner you get to work and prescribe movement the better. This, I believe, is your best monitor, whether you are dealing with a case of vertebral caries, or articular disease, or fracture.

Motion.—I spent some time lately with a gentleman who called himself a kinesiopathist, or muscle-teacher, in learning his mode of procedure; and really, in the main, what he did was very sensible, having for its object the education, so to speak, of certain muscles or groups of muscles. He did not work the muscles until they were tired out, but systematically put first one set of muscles in action, and then their antagonists; and by this means I have little doubt he would achieve some good in treating—to use Paget’s happy thought—a set of *stammering* muscles, and aid in bringing them into more healthy and harmonious action. It is chiefly, however, in cases of stiff joints that the surgeon has to employ motion as a means of cure. There is no doubt that a good deal of avoidable work in this direction is entailed on the surgeon by the carelessness of patients. Thus, for example, how often do we meet with stiff fingers and wrist after fracture of the humerus, though the splint has left these joints at liberty all along, and the patient has been often counselled to work them by

playing an imaginary piano, or by grasping a small ball, or by various passive movements. When a joint has become stiff from any cause, the question arises whether it may be safely put in motion again by forcible flexion and extension, or whether it must be let alone; and I think the safest plan will be to very much leave the markedly strumous subjects to their own devices, to interfere with the distinctly rheumatic folk very cautiously and gently, but to play the part of the bold bonesetter where you have an unquestionably healthy patient to deal with. It must be remembered that there is a wide interval, however, between the scrofulous and the rheumatic, and therefore, though I advise caution in the latter class, I do not advise a system of *laissez faire*, but, on the contrary, am of opinion that most instances of stiff joints in rheumatic subjects may be restored to usefulness by judicious friction, shampooing, and by a long-continued but gentle course of passive movements.

CORRESPONDENCE.

LIBERTY OF THOUGHT AND ACTION IN MEDICINE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In furtherance of my views regarding the readjustment of our position in the profession, I lately forwarded the following form of resolution to Mr. Bradley, Manchester, in the hope that he might find an opportunity of presenting it to the members of the British Medical Association.

Mr. Bradley acknowledged the receipt of my letter, and in reply said, "Nothing could possibly be better than the form of motion you enclose, and if this accurately represents the feeling of the general body of your party, it must afford a sure basis for this most desirable reconciliation." He adds that if he fails to find an opportunity of bringing my form of resolution before the British Medical Association, he will endeavour subsequently to bring about a Conference on the subject, and from this he anticipates the most friendly results.

I send this for insertion in your next number, in order to bring the subject before the minds of those who intend to be present at our Congress.

In soliciting signatures to the form of resolution, I have not met with a single refusal from any one I have applied to personally, although in writing to our country friends at Birmingham, Manchester, and Liverpool, they have preferred awaiting the opinion thereon formed at the Congress.

The resolution being purely abstract implicates no one, and the only four medical men of the old school to whom I have shown it admit that the resolution if adopted seems to them to settle the entire question in dispute. If this be so, the importance of the resolution becomes paramount, and I trust the Congress will see fit to lend the sanction of its approval to this important movement.

I am, yours truly,

GEORGE WYLD, M.D.

FORM OF RESOLUTION.

We, the undersigned, believing medicine to be a progressive art and science, hold that it is competent for any qualified medicalman to adopt any theory or practice which he believes to be best for his patients. Therefore the adoption of any theory or practice should not exclude any qualified medical man from the freest professional intercourse. Provided he does not trade on a distinctive name, nor unprofessionally advertise his mode of practice.

FREDERICK F. QUIN, M.D.

EDWARD HAMILTON, M.D.

HUGH CAMERON.

R. E. DUDGEON, M.D. Edin.

GEORGE WYLD, M.D. Edin.

F. BLACK, M.D. Edin.

D. C. LAURIE, M.D. Edin.

THOS. ENGALL, M.R.C.S. Eng.

G. CARFRAE, M.D.

T. L. MARSDEN, M.D.

J. HAMILTON MACKECHNIE, M.D.

R. DOUGLAS HALE, M.D.

D. DYCE BROWN, M.D.

D. MATHESON, L.R.C.P. Edin.

WILLIAM BAYES, M.D.

ALFRED C. POPE, M.D.

RICHARD HUGHES, L.R.C.P. Ed.

W. V. DEURY, M.D.

Owing to the absence from town of many friends I have not been able to secure some well-known signatures, but I shall be glad if country members will write to me, authorising me to add their signatures.—G. W.

Upon this resolution the *Lancet*, of the 18th ult., makes the following editorial remarks:—

“No *logical* objection could possibly exist to extending free professional intercourse to any properly qualified practitioner who can conscientiously and unreservedly subscribe his name to the above resolution; but it is *logically* inconsistent that such a resolution should emanate from a section of men who are, and long have been, the advocates and champions of a ‘system’ of medicine which has always been judged unreasonable, absurd, and devoid of any scientific foundation, and which is now evidently dying of sheer inanition. If the signers of this resolution had the courage of their opinions, and could bring themselves boldly to give up a profession of the *homœopathic* system, and to

cease all connexion with *homœopathic* societies, hospitals, journals, and other publications, they would experience no difficulty in obtaining free professional intercourse, because they would no longer be homœopathists ; but they deceive themselves if they imagine that homœopathy can ever be recognised as a part of scientific and rational medicine."

We are here told that homœopathy "has always been judged unreasonable, absurd, and devoid of any 'scientific foundation.'" By whom, we would ask, has this judgment been pronounced ? By those, and those only, who have proved repeatedly how entirely misinformed they were of what homœopathy is, and how entirely ignorant they were of the results obtained by the application of homœopathy in practice. While, on the other hand, men of large experience, like the late Professor Henderson, of Edinburgh, who have carefully investigated and tested the practice of homœopathy, have judged it to be eminently reasonable, scientifically sound, and practically far more useful than any other therapeutic method.

It is because the signers of this resolution have the courage of their opinions, that they do not deny, but assert the truth of homœopathy. It is because, in the present state of professional feeling, they cannot, save in *homœopathic* societies, hospitals, and journals, perform the obvious duty of making known, as widely as they can, the therapeutic truths in which they believe, that they cannot cease their connection with them ; and it is because they believe that it is competent for any medical man to adopt any theory or practice which he believes to be best for his patients, that they feel it to be also competent for him to publicly maintain and propagate what he believes to be best for them. It is easy for the *Lancet* to assert that such a course is illogical, but it is impossible for any one to prove that it is so.

THE WYLD-RICHARDSON LETTER.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your last number Dr. Bayes comments on my letter to the *Lancet*, in a way which seems to me not quite correct.

1. I am stated to have written to Dr. Richardson, offering "to abandon the use of the word *homœopathic*, provided such sacrifice would insure me re-admission to their medical societies, and regain me professional intercourse with the entire medical body."

Now I do not object to the use, as a word, of the term homœopathic ; but I argue that the designation homœopathic doctor is inadvisable and incorrect, and that I and many others

object to it. In my letter I offer to make no *sacrifices*, and I do not urge liberality on the other side for my own aggrandisement, but for the good of the public and the entire profession.

2. Dr. Bayes says "my letter has not the sanction of any public body, nor does it represent the wishes of any considerable section of our branch of the profession."

I beg to differ entirely with this statement, because I have found that my letter has been received with the approbation of many of our leading men, and I believe it has the sympathy of a large proportion of our body, and if I may judge by the last vote of our Society, viz., 17 to 10 against publishing any manifesto antagonistic to my letter, I conclude that the British Homœopathic Society is not unfavourable to the aims and scope of my proposals.

3. Dr. Bayes says I err in saying that homœopathists make a frequent use of auxiliaries and tangible doses, and he fortifies this opinion by saying that in 1872, in reply to a circular, he found that in 44 only out of 173 replies the writers used low dilutions. We must observe that this refers to 1872. Within the last five years, I am convinced, the low dilution men have been increasing, and the high dilution men diminishing; the chemists tell us they sell almost no globules. If only one half of our body chiefly use low dilutions, I am surely justified in stating that a large number have all but abandoned infinitesimals.

4. I admit that the adoption of any new theory in medicine does not constitute sectarianism, but if any one adopts a new theory, and denounces all other theories as false and pernicious, I hold that individual to be a sectarian.

5. Dr. Bayes does not find persecution intolerable, but to my mind all persecution is intolerable and pernicious, and for the honour of medicine and the good of the public I desire to see it at once abated.

6. In conclusion, Dr. Bayes says, "it is only the weak who vince under unmerited persecution, the strong are strengthened by it."

This sentence is meant, I suppose, to imply that I am weak and he is strong. If so, I must confess to an unconsciousness of the relative position, but I must leave that to be decided by our mutual friends.

With reference to the resolutions, as a manifesto, proposed by Dr. Hughes, but rejected by the Society, and as now published in the *Review*, they, to me, prove how wise the Society was in rejecting them—as inopportune and unnecessary.

1. Dr. Hughes would not sacrifice his convictions in order to purchase peace, and I can only add that in this sentiment I most entirely agree with him.

2. I agree with Dr. Hughes that *similia similibus curantur* is the basis of our *drug* treatment of disease, but I hold drug treatment to be a part only of treatment, and as to the relative frequency with which auxiliaries are used, I differ from him.

3. I admit that Hahnemann's discovery of the influence of infinitesimals over disease is interesting and important, but I must repeat, that on inquiry among homœopathic chemists and others, I find these infinitesimals are *gradually* giving place to appreciable doses.

4. I also, with Dr. Hughes, claim liberty of opinion, but I must add, that it is generally only when these independent opinions are intolerantly and violently expressed that persecution follows.

Yours truly,

GEORGE WYLD, M.D.

[Dr. Wyld has apparently somewhat misunderstood the letters of Dr. Bayes and Dr. Hughes, and we point out where he is in error, in the hope that any further correspondence on this topic may be rendered needless.

1. We do not think that the position taken up in paragraph 1 of Dr. Wyld's present letter, accords with the propositions enunciated in the original letter, addressed by Dr. Wyld to Dr. Richardson. These certainly went far beyond the argument that "the designation *homœopathic doctor* is inadvisable and incorrect." Had Dr. Wyld confined himself to making such a statement he would have found few dissentients, he would have found few who ever adopted, or in any way countenanced such a designation.

Nowhere do we find in Dr. Bayes' letter any ground for the inference which Dr. Wyld draws, that Dr. Wyld wrote his letter "for his own aggrandisement," or from any unworthy motive. Dr. Bayes merely points out that Dr. Wyld's letter "is simply the expression of his own personal opinion," and has no other value. Dr. Wyld is spokesman for himself and for himself only.

2. Dr. Wyld appears to be completely in error as to the significance of the vote of the British Homœopathic Society on Dr. Hughes' resolutions. That vote gave no sanction whatever to the "aim and scope" of his proposals; it simply declined to consider Dr. Hughes' motion on the ground that it was unnecessary, and brought forward at an inopportune moment, after a sufficient answer to Dr. Wyld's statement had already appeared in the public journals.

Had the question put to the Society been one of approval or disapproval of the terms of Dr. Wyld's letter, we feel tolerably confident that not more than two members would have sanctioned them; but this was not the case. The question was, whether of

not it was incumbent upon the Society to take any notice of Dr. Wyld's unauthorised action. The result showed that the Society did not think it incumbent upon it to do so.

3. Dr. Wyld is wholly wrong in confusing globules with infinitesimals. It is perfectly possible to prepare "low dilutions" (tangible doses) in the form of globules, and it is equally possible to give high dilutions (infinitesimals) in the form of tinctures. We do not think we shall be wrong in asserting that an overwhelming majority of physicians practising homœopathy, are in the daily habit of prescribing infinitesimals, by which we mean dilutions above the 3rd decimal.—Eds. *M. H. R.*]

A FEW WORDS ON THE NAME OF THE SCHOOL.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—It is not my intention to reply to the last published letters of Drs. Black, Drysdale, Dudgeon, and Ker, till I meet its writers face to face at the Congress. Indeed there has been much imported by them, into the controversy which they have raised, that is altogether outside the real question at issue, and which therefore needs no answer from my pen.

What we have to consider is whether the present name, "The London School of Homœopathy" designates, with a fair amount of accuracy, the aims and ends of the institution we have set on foot; and whether it accords with the views expressed in the programme, which obtained the sanction and signatures of the founders of the School, and on the strength of which our donations and subscriptions were obtained.

The further question as to whether a complete change in our whole design is desirable need not now be argued.

The first paper, issued privately to the members of our profession, as a preliminary step to a more general appeal, was entitled

"PROPOSAL TO FOUND A SCHOOL OF HOMŒOPATHY."

Reasons were given showing that an intention to found a School of Homœopathy had been present in the minds of the founders of the Hospital, and that our proposal was calculated to carry this intention into execution.

The "proposal" then stated that "it is not proposed to institute a complete medical school" for two reasons—firstly, that it would involve a very large outlay to do so; secondly, that the ordinary medical schools already provide all "the teaching necessary for the education of a physician or surgeon; with this one important exception, viz., the teaching of the Homœopathic Materia Medica and Therapeutics." The prospectus

goes on to say "it is to supply this want, and *not to inaugurate any rival effort, that it is proposed to establish a School of Homœopathy.*"

From these extracts we see that the original intention was to give *extra-academical* courses of lectures on a special subject, whose teachings were not elsewhere to be found.

We distinctly repudiated any idea of "rival effort," we contemplated no competition with established lectureships, but came forward to supply a want, to fill up a hiatus, to bridge over a chasm. We made no pretence to anything but the little modest attempt to teach a neglected branch of *Materia Medica* and Medical practice, and we designated it by a name which exactly defined the whole scope and aim of the School we proposed to found.

This "proposal" was signed in the first instance by about sixty of our practitioners, and it is not a little curious that the two names heading the original list are those of Drs. Drysdale and Dudgeon.

It has always been my earnest desire that while our "School" should provide instruction in the hitherto neglected medical system of treatment by drugs, selected on the indication of "*similia similibus curantur*," we should avoid all collision with existing Schools, and all unnecessary antagonism. We have a *special branch of therapeutics* to teach; our *speciality* is known under the name of Homœopathy; no other name is so well known or so well adapted to describe its special method of drug selection. *Homœopathy* is as much a *speciality* in Medical practice or in Therapeutics as is Electricity or Hydropathy. If either of these two latter methods of healing were excluded from ordinary medical practice, or were untaught in the schools, it would be competent and proper, in those desiring to teach those branches of Therapeutics, to call their lectures a "School of Medical Electricity" or a "School of Hydrotherapeutics," respectively, and such schools would not be justly stigmatised as sectarian. Our School, in like manner, is complementary, completing that medical education which, without it, is incomplete.

This is stated in the original prospectus in these words, which at once show how unsectarian were our views: "To recapitulate, it is not proposed to educate a separate and possibly an inferior class of medical men, but, on the contrary, to complete and elevate the attainments, already possessed by regularly educated physicians, by adding thereto a knowledge of the developments of the Art and Science of Medicine, as influenced by the discovery of the Homœopathic law of Specifics."

I deem it only right to remind those who may take part in the discussion at Liverpool that "The London School of Homœo-

pathy" has had the above principles laid down as its foundation, and upon this unsectarian, and non-opposition basis, it stands as an extra-academical course of voluntary instruction, and I hope will so be allowed to remain, to work out its objects peacefully and inoffensively.

I am, yours, &c.,

W. BAYES.

4, Granville Place, Portman Square,
August 16th, 1877.

THE WORD HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The title of "the School" is to be discussed at the ensuing Homœopathic Congress, at Liverpool. With your permission, I am desirous of entering a strong protest against the proposed abandonment of the word "Homœopathy" in such title.

The steps which have hitherto been taken to conciliate our opponents have entirely failed in their object. The general repudiation of globules, and the use of truly heroic doses by many homœopathic practitioners, have not led allopaths to love homœopathy. Nor will the further wholesale renunciation proposed in Dr. Wyld's famous letter have any such effect. The *Lancet* demands unconditional surrender of name, principle and practice. Concede this, express shame at the so-called sectarian name "homœopath," and our victory, so nearly won, will be given up as if it were not worth a further struggle. If "the School" is to be only another "School of Medicine," some lecturers might soon be ashamed to teach, *sub rosa*, even a little diluted homœopathy. In that case it would not matter whether or not the School were recognised by the Examining Boards. Then, too, the peripatetic Congress should, as a logical consequence, drop the title "homœopathic." And when a sufficient number of eclectic members had been enrolled, a formal denunciation of homœopathy might easily be passed by the Congress of 1878. The "London Homœopathic Hospital" would become the "Great Ormond Street Hospital." The "British Homœopathic Society," if it could be continued at all, must submit to a similar operation.

It seems to me that we are already becoming far too much ashamed of the work in which we are engaged. It is not thus that great movements have been led to a successful issue. It is not thus that our medical reform has gained so signal a triumph in the United States of America.

Under the flag and name of homœopathy, and to a great extent with the use of globules and infinitesimal doses, was the

great medical reformation launched. It flourished under those conditions, and cured a generation of patients. It thus satisfied a host of practitioners, and an army of invalids. Then the allopaths cried out against minute doses, and abused their too successful rivals. The too successful rivals winced at this abuse; they could not bear to be excluded from societies, clubs, consultations, and friendly greetings. Infinitesimals were weakly abandoned; poisonous medicines were given in large doses; all in vain. Now the name, the principles, and the practice of homœopathy are to be attacked. It may be confidently predicted that the Congress will be faithful to the name and the law of homœopathy.

Yours truly,

10, Onslow Square, S.W.
Aug. 18th, 1877.

NEVILLE WOOD.

THE SOLUBILITY OF PHOSPHORUS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In an article on the “Solubility of Phosphorus,” which appeared in the August number of the *Review*, Mr. Isaac C. Thompson quotes the directions given in the second edition of the British Homœopathic Pharmacopœia for the alcoholic solution, viz.: “2.—Solution of one part of phosphorus in 1,000 parts of absolute alcohol, which will form the 8x attenuation.” Adding, “but it absurdly goes on to say, ‘it is well to keep a stick of phosphorus in the alcoholic solution so that it may retain its full strength,’ implying that the ‘full strength’ is one in 1,000, whereas the addition of the stick of phosphorus renders it double that strength, and not a 8x dilution at all.”

Now it is evident that the Pharmacopœia does imply that the strongest alcoholic solution of phosphorus is one in 1,000, or the advice with regard to the addition of the stick of phosphorus would be absurd indeed. Moreover, this result is arrived at after “a number of careful experiments have been made in order to ascertain the strength of the saturated solutions.”—(Preface to the second ed., ix.) It would have been more satisfactory, therefore, if Mr. Thompson had stated the method by which he obtained the results which led him to the conclusion that 500 parts of absolute alcohol will retain in solution one part of unoxidised or unacidified phosphorus, more especially as the difficulty of estimating the solubility of this drug, owing to the action of oxygen during its manipulation, is the chief cause of the discrepancies in the published statements.

I am, Gentlemen,

Yours faithfully,

A HOMŒOPATHIC PHARMACIST.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the *Review* for August, Mr. Thompson comments on the various preparations of *phosphorus*. I shall feel much obliged by the insertion of the following remarks with regard to his observations.

Some two years ago, at the request of the sub-committee of the British Homœopathic Society, then engaged in revising the second edition of the *Homœopathic Pharmacopœia*, I made many careful experiments with *phosphorus*, which were afterwards repeated by Mr. Wyborn.

The difficulty I found was in accurately weighing such an inflammable substance as *phosphorus*. The way I managed was by melting the *phosphorus* in hot alcohol, and shaking till cool, when small granules were formed, then by quickly drying with blotting paper, I was able to weigh the requisite quantity in grains, previous to solution in the alcohol. I began with 1 grain of *phosphorus* to 100 minims of absolute alcohol, then 1 to 500, then 1 to 1,000. What I noticed with the 1 to 100 and 1 to 500 was, that after standing many hours some part of the *phosphorus* was deposited as a fine white powder, but that with the 1 in 1,000 (8 x) only a scarcely perceptible precipitate was deposited.

This was at the time the best method I could devise (having like Mr. Thompson, peered into many books on Chemistry, and gained no assistance in the matter), but I have since arrived at the conclusion, that the only correct way of getting accurate results as to the quantity of *phosphorus* in solution would be, by the conversion of the *phosphorus* in the tincture into *phosphoric acid*, estimating the acid as phosphate of lead or silver, and determining the amount of *phosphorus* from the precipitate.

The object of the "absurd" stick of *phosphorus* was to keep up the strength of the tincture, which I found constantly undergoing change. My idea was, that as insoluble *phosphorus* was precipitated, soluble *phosphorus* would replace it. In fact, the old method (Stapf's) of making the matrix tincture of *phosphorus* was, by melting five grains with every 500 drops (not minims) of alcohol in a water bath, agitating till cold, and allowing the excess of *phosphorus* to remain in the solution.

What I noticed with all *phosphorus* tinctures was, that if the residuum of *phosphorus* were filtered off, they lost their characteristic odours, but if allowed to stand over with the large excess of *phosphorus* (not filtered), they retained their odours permanently.

Mr. Thompson's remarks would have been much more interesting if he had given us his method of determining the percentage of *phosphorus* in his various experiments, so that others might repeat his experiments.

I hope, in a brief space of time, to give the results of a new series of experiments upon *phosphorus*.

I am, Gentlemen,

Yours, &c.,

112, Gt. Russell Street,

London, Aug. 18th, 1877.

FRANKLIN EPPS.

LONDON HOMŒOPATHIC HOSPITAL.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the August number of the *Review*, commenting on an opinion I have expressed in favour of increasing the staff of nurses, and providing accommodation for pay patients at the London Homœopathic Hospital, you are pleased to say “our readers will be surprised to learn that when a few weeks ago a carefully prepared scheme for carrying out these two among other proposals was presented by the Board to the Governors and Subscribers Dr. Drury—the writer of the passage we have quoted, the advocate of the changes proposed by the Board—appeared as its most strenuous opponent!! How he reconciles his lecture with his speech at the meeting, and his subsequent demand for a poll we leave to the imagination of our readers—to do so is beyond ours.”

There will be but little difficulty in explaining my conduct to your readers if I am allowed the opportunity of defending myself in your journal, which I have been before denied.

The Board of Management of the Hospital have themselves so fully justified me, that in the first instance I cannot do better than quote their own words from a statement issued with the proxy paper for the meeting of July 30th, to enable the Board to deal with a portion of the reserve fund of the Hospital. They say “a special general meeting called for the same purpose upon a requisition to the chairman was held on the 11th of June last, at which a resolution was submitted, but it was subsequently pronounced by Mr. Rosher, the legal adviser (honorary solicitor) of the Board to be irregular, and therefore if passed it could not be acted upon. In ignorance of that fact the resolution was put to the meeting—a very small one—and passed by a show of hands. Thereupon a poll was—properly and in due form—demanded; but in ignorance of the legal opinion above referred to the proceedings were of necessity quashed, and the poll therefore became unnecessary.”

Thus it appears that I saved the Board from the commission of an *irregular* and *illegal* act by which they would have dealt with a large sum of trust money improperly, and rendered themselves liable to legal proceedings had any one wished to give them trouble.

The meeting which is described as a very small one consisted of the representatives of the Board of Management, who voted one way, and three members of the medical staff who voted against them. Two, if not all, of whom were ignorant of the fact that a meeting was to be held till the very day on which it was held.

As regards the proposals themselves, which are further touched on by a writer who calls himself "An Old Subscriber" (surely he need not be ashamed to give his name), I am quite prepared to defend my subsequent action in regard to them, and may have an opportunity of going very fully into the matter; in the meantime I may briefly state—

That I objected to the manner in which the first meeting was called.

I object to the wording of the statement issued to the subscribers, as well as to the time and manner in which the last meeting was carried out, and to all the schemes of the Board being put in one resolution.

I object to the improvements which I was instrumental in having carried out, being needed at a time the Hospital was supposed to be in good working order, (*sic*) and to the conduct of the Board in not submitting their other schemes to a regularly constituted meeting before carrying them out.

The purchase of the house in Powis Place I would not object to if it was allowed to remain let to a tenant till the purchase money now drawn from the reserve fund was replaced.

Lastly, I object to some of the alterations that have been made, and despite the opinion of "An Old Subscriber" I am prepared to show very serious sanatory objections in which I would have the support of those competent to give an opinion.

I remain, GENTLEMEN,

Yours faithfully,

WILLIAM V. DEURY.

August 17th, 1877.

CAUTION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen.—I have just read in the last number of the *Monthly Homœopathic Review* (p. 520, "Caution"), that a so-called Dr. T. L. Stromeyll, of Colmar, in Alsace, has attempted to obtain assistance from the Medical Benevolent Fund.

I was born in Colmar, and my family resides in this city. There has never been in Colmar a homœopathic physician called

Stromeyll. The first physician who has practised homœopathy in Colmar was Dr. Jenger, dead some years ago; and his successor is Dr. Ostermeyer, who is in Colmar at the present time I can assure you.

Truly yours,

A. CLAUDE.

18, Rue de Caumartin,

Paris, Aug. 1st, 1877.

[We have heard that Dr. Stromeyll is but repeating a *modus vivendi* followed by him two or three years ago, when he by an extremely clever story of hardship and indignity at the hands of the Germans worked upon the feelings of a well-known physician in the South of England to a most lucrative extent. He also omitted to pay his hotel bill on the occasion.—Eds. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Communications have been received from Drs. Wyld and Bayes, and Messrs. Chambré and Cross, London; Dr. Nankivell, Bournemouth; Dr. Meir, Manchester; Drs. Hawkes and Hayward, Liverpool; Dr. Gibbs Blake, Birmingham; Mr. F. Smith, Malvern; Dr. Claude, Paris, &c.

BOOKS RECEIVED.

Homœopathy. Some Remarks on the Correspondence between Dr. Wyld and Dr. Richardson. By Frederick Smith, Esq. London: Gould & Son.
The Homœopathic World. London.
The Chemist and Druggist. London.
The Medical Examiner. London.
The U.S. Medical Investigator. Chicago.
The Cincinnati Medical Advance. Cincinnati.
The Medical and Surgical Reporter. Ohio.
The Homœopathic Times. New York.
The Hahnemannian Monthly. Philadelphia.
Bull. de la Soc. Méd. Homœopathique de France. May. Paris.
L'Art Médical. July. Paris.
El Criterio Médico. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE MEETING OF CONGRESS.

THE anticipations which we last month expressed in regard to the importance and success of the Meeting of Congress on the 18th ult. at Liverpool, have been amply realised. We are not wrong, perhaps, in saying that it was the most successful gathering we have ever held. Our conclusion is arrived at, not only by considering the large and encouraging numbers of medical men who were present, but also the character of the papers, and the importance of the other business transacted. At no previous meeting have we observed such a general feeling of satisfaction and pleasure expressed.

The Presidential Address by Dr. POPE will be found in full in our pages of this month. We cannot but express our gratification at the kindly and generous manner in which Dr. WYLD, whose letter and recent movement were freely commented on by Dr. POPE, seconded, at its conclusion, the vote of thanks to the President. In fact, all through the day's proceedings, nothing was more noticeable than the friendly feeling evinced towards one another by those whose views on the various topics discussed were well known to be opposed, and in spite

of such differences, the ardent attachment of all to the great cause of homœopathy. At no time was it more manifest that any difference of opinion which may exist was only as to the best mode of promoting the interests of the system of treatment, the progress and development of which all clearly have at heart. Nothing will, we feel sure, give more real pleasure to the public than to learn this, while those of our opponents in the old school, who were disposed to chuckle at what they supposed was going to end in a split in the homœopathic camp, will be grievously disappointed.

The papers read before the Congress were valuable ones. Those of Dr. DRYSDALE and Dr. HUGHES were specially suggestive, and we recommend them to the careful study of our readers; while Dr. EDWARD BLAKE's paper was, as we anticipated, elaborate and exhaustive. It was illustrated by beautifully drawn plates, the artist being the author of the paper himself. All these communications will be found in our November number, and we are sure they will be perused with interest not only by those who were unable to be present when they were read, but by those also who formed the audience.

The discussion on the name of the London School of Homœopathy was of especial interest and importance.

This question, as our readers are well aware, has occupied the attention of the profession for several months past; different views have been expressed, and the arguments on both sides keenly canvassed in print. On a point of such importance, although it was understood that the vote of the Congress could not alter the name, it was deemed extremely desirable that the collective opinion of the profession should be obtained, as every one felt that an opinion so expressed could not fail to carry great weight with it in the ultimate settlement of the question. The

side taken by this *Review* is well known, and we had used all our influence to point out the force of the arguments in favour of retaining the name of the School as it stands—viz., the London School of Homœopathy. We therefore have the pleasure of heartily congratulating the profession and the cause of homœopathy on the result of the discussion. The vote in favour of retaining the present and original name stood as 45 to 14. Besides this personal vote, the expression of general opinion was rendered still stronger by the reception of thirty-two letters from members of the profession who were unable to be present, in favour of the retention of the name. Such an overwhelming majority is decisive, and until the attitude of the old school towards us is very materially altered, and in a thoroughly *practical* manner, we believe the question will be now allowed to rest, and the School encouraged to go on its way and prosper under its present title.

While we thus cannot forbear congratulating ourselves and homœopathy on the result of this vote, it gave us unmixed pleasure to observe the tone of the discussion, and especially the speeches of those who wished the name altered. Nothing was clearer than that there was on their part a desire to further, sincerely and heartily, the progress and development of homœopathy, and to settle the School on such a basis as would make it most acceptable to students and enquirers, and so secure it a lasting success. Believing as we do, and as we found the majority in the profession did, that their views were mistaken, we all the more heartily honour them for acting up to what they considered to be for the permanent and real good of the School, and consequently for the real good of homœopathy. On no former occasion has such a decisive testimony been given to the unanimous conviction on the part of all homœopathic practitioners in this country, what-

ever their differences on minor points, as to the incomparable value of homœopathy as a system of treatment, and as to their belief in its great future. At the present juncture, when the old-school periodicals are on the watch for anything that may even *seem* to indicate a defection from our ranks and from our principles, such a spectacle cannot fail to make a profound impression. The Presidential Address will be found to give out no uncertain sound, and the sentiments there expressed were evidently those of all present. We now feel that we are a more united body than ever, the existence of minor differences only showing more clearly how strong we really are.

Such a result is well worthy of the Jubilee Year of homœopathy.

We feel sure that, now that the battle of the School has been fought in the open field, we shall have the cordial and active support of the minority in endeavouring to develop what must be in time a most powerful means of disseminating a knowledge of those great truths in medicine in which we are proud to own our belief.

After the day's business the evening was passed most enjoyably at a largely attended dinner table.

The thanks of the Congress were largely due to the admirable arrangements of the local secretary, Dr. HAWKES.

ON THE CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY.*

By ALFRED C. POPE, M.D.

GENTLEMEN,—The circumstances under which we meet together to-day are both unusually interesting and unusually important. This year—1877—is the jubilee year of homœopathy in England. Fifty years have elapsed since the first notice of homœopathy appeared in a British

* The Presidential Address delivered at the British Homœopathic Congress, held at Liverpool, September 18, 1877.

medical periodical. Fifty years have passed away since the first physician who practised homœopathically in this country settled in the metropolis. And now after fifty years of bitter hostility on the part of the majority of the medical profession towards the therapeutic doctrine, upon the truth of which we have insisted, and towards those who have adopted it as the chief basis of their drug-prescription, we have, during this year, heard, for the first time, the public expression of a desire that our exclusion from consultation and discussion with the majority should no longer be demanded. A fitting utterance this for a year of jubilee!

While heartily sympathising with the desire that the obstructions which have been presented to the scientific culture and professional advancement of those physicians who have investigated and adopted the doctrine of homœopathy should be removed, that every encouragement should be given to *all* members of our profession to engage in scientific research; while admitting that what has been termed the "reunion" of the profession is a matter of deep importance to every member of it; I nevertheless feel that if this so-called "reunion" is attempted to be purchased by attenuating or obscuring any of those principles for which we have contended—principles of the truth of which we have daily experience—or if the language in which our overtures are couched is susceptible of justifying the insinuation that we are ready to acknowledge that we have overrated their importance—the effort will and ought to prove abortive; while if, in order to conciliate opponents, we cast ungenerous reflections upon those who, during these fifty years have devoted their time and energy to develop and promulgate homœopathy, we shall be exposed, and rightfully exposed, to the contempt, the well-earned contempt, both of the profession and the public. Tactics such as these will never lead to "an honourable peace founded on mutual respect."

The feeling that the breach should be closed which for half a century has existed between physicians who practise homœopathically and those who do not admit that they do so, has been growing, and that somewhat rapidly, of late years. It is a feeling that all well-wishers of medicine, all who would that our profession should be worthy of the honour it expects to receive, will anxiously encourage. Most sincerely do we all desire the "reunion" which has been suggested, most gladly shall we welcome the "peace"

which has been "asked" for. But just in proportion as this reunion is desirable, and this peace is something to be welcomed, do I esteem it as of the highest importance that no misunderstanding should anywhere exist either as to the therapeutic views we entertain, or as to what we regard as the cause of the estrangement we have always deplored.

This question of reunion is one which, in my opinion, ought to be, and, if it is to result in any good, must be treated as one independent of any opinions we or others may hold upon scientific subjects. Professor GAIRDNER, of Glasgow, never uttered a greater truth in medical ethics than he did when he said, "No one has a title to say to anyone else, I insist that you believe so and so, or I will disown you as a professional brother." The British Medical Association has said to the members of the profession, We insist that you do not believe in homœopathy or consort with those who do—if you do, we shall disown you as professional brethren; and this threat has been carried out.

As in therapeutics the removal of the cause of a disease is the first step to its cure, and as for the removal of the cause its recognition is a necessary preliminary, so here in dealing with the *homœophobia*—as it has been termed—which characterises so large a proportion of our medical brethren, I shall avail myself of the opportunity I have of addressing you to-day in an endeavour to point out what I conceive to be its *cause*.

First of all, I will ask your attention to the conclusions others have arrived at on the same point.

Dr. WYLD has told us that "the adverse and intolerant treatment we had hitherto met with from the profession arose in a great measure from the bad example shown by HAHNEMANN and his early disciples of an extreme and intolerant sectarianism on their part towards that medicine which, however powerless for good it might have become, was yet the result of 4,000 years experience and thought." Again, he says that HAHNEMANN was "the first to give offence." "That the views of HAHNEMANN were extreme and intolerant." That for the measures of injustice which have been meted out to us by our non-homœopathic brethren, we "have, to no inconsiderable extent, had" ourselves "to blame." That it was the conduct of homœopathically practising physicians that "naturally led to

those reprisals on the part of orthodox medicine which culminated in the resolutions of the British Medical Association in 1851." Pretty broadly has Dr. WYLD intimated that in openly acknowledging that we believed in homœopathy we had "traded on a name;" that by the use of the word homœopathic in our literature, our societies, and our dispensaries, we had, in an *ad captandum* manner, repulsive to all right thinking members of our profession, succeeded in drawing to our "consulting rooms the patients of other men." By others we have, in various terms, been told that we have wilfully separated ourselves from the profession.

Now, Gentlemen, I maintain, and I hope to be able to prove to you to-day, that the opposition which has been persistently levelled against homœopathy in this country during the last fifty years has had nothing whatever to do with the alleged intolerance either of HAHNEMANN or his early disciples; that, in the professional conduct of those medical men who have been the means of making homœopathy known throughout the length and breadth of the land, and its influence felt throughout the entire practice of medicine, there has been nothing to justify the ostracism which has existed; that in admitting our faith in homœopathy, in taking the only means at our disposal to make its advantages known, we have not been justly chargeable with personal advertising; and that, until a few years ago, it never occurred to anyone so to regard the designation of our journals, societies and dispensaries; neither has the separation which has occurred been wilful on our part.

On the contrary, the exceptional position we have been placed in has been due wholly and solely to the ignorance of the profession regarding well nigh all concerning homœopathy, to the persistency with which by the publication of palpable caricatures of it, as though they were genuine representations, the medical press has sustained, and indeed almost compelled this ignorance. The history of homœopathy in this country from 1827 to 1877 is full of evidence that an almost entire absence of knowledge respecting homœopathy, combined with many utterly erroneous and not a few equally absurd notions concerning it, lies at the bottom of all the opposition it has met with. Hence, Gentlemen, it is to the removal of this ignorance, to the substitution of facts regarding homœopathy for the assumptions which have been entertained respecting it,

that we must look for the reunion which has been sought, for the peace which is to bear fruit in mutual respect, in a mutual anxiety to discover and follow truth. Therefore it is that I look upon the excellent lecture* recently delivered at Birmingham, at a meeting of the medical profession in that town, by our Secretary, Dr. GIBBS BLAKE, as being far more conducive to the restoration of good feeling, to the renewal of professional intercourse, to the establishment of professional association in scientific research between homœopath and anti-homœopath, than I can the letter of Dr. WYLD to Dr. RICHARDSON, offering "terms of peace."

In 1827 in the *Edinburgh Medical and Surgical Journal* appears the earliest reference made to homœopathy in this country. In the July number of that journal, Mr. JOHN EDWARD SPRY published a paper entitled, *An Outline of the Homœopathic Doctrine, or the Medical Theory of Hahnemann*. It presents a brief, but tolerably accurate definition of homœopathy. It is a simple statement. No evidence is brought forward in favour of it, no argument is offered against it. Mr. SPRY contents himself with declaring the doctrine to be visionary, and consoles his readers with the assurance, that "however ingenious the theory may sound, it appears too ridiculous, in its application, ever to obtain supporters on this side of the Channel."

In the October following, the *Medico-Chirurgical Review*, edited at that time by Dr. JAMES JOHNSON, in noticing Mr. SPRY's Essay, expressed a very decided opinion respecting homœopathy. It is denounced, *in limine*, as the "GERMAN FARCE"—this definition being emphasised by being printed in capital letters! "The gist of the homœopathic system," says the writer, "may be easily and briefly stated. Hippocrates broached the fanciful doctrine that a disease should be cured by things that induce a state opposite to that of the disease, *contraria contrariis curantur*. The German professor strikes out on a path diametrically opposite, and maintains, that disordered actions in the human body are to be cured by inducing action of the *same kind*, but only slighter in degree, *similia similibus curantur*. The doctrine of antipathy had much foundation, both in reason and fact.

* *A Lecture Addressed to the Medical Profession on "The Place of the Law of Similars in the Practice of Medicine."* By J. GIBBS BLAKE, M.D., &c. Birmingham: Cornish Brothers, New Street. London: H. Turner and Co., 77, Fleet Street. 1877.

Thus the burning heat of fever naturally suggests cooling drinks and cool air; constipation calling for purgatives; diarrhœa for astringents; soporose diseases demand irritation; irritation calls for sedatives, &c. But what shall we say to homœopathy? Do venesection and purgatives induce diseases resembling pneumonia, ophthalmia, hepatitis, and other inflammations, when these are cured by the above means? The idea is preposterous."

In connection with this extract from Dr. JOHNSON'S *Review*, it is interesting to know, what I have reason to believe is perfectly true, that Dr. QUIN, who in 1827 commenced the practice of his profession in London, had, three years previously, mentioned the subject of homœopathy to Dr. JOHNSON, and by him had been urged to continue his inquiries into its merits, and having completed them, to write an article for the *Review* upon it. Dr. QUIN, as we all know, did pursue the investigations he had commenced; and on his return in 1827 he informed Dr. JOHNSON of the conclusions at which he had arrived. The request for an article was not renewed; but on the contrary, the brief, hasty, and ignorant denunciation of homœopathy, from which I have quoted, formed the only reference to it that Dr. JOHNSON allowed to appear in his *Review*.

I cannot but regret that Dr. QUIN made no attempt to correct the erroneous impression Dr. JOHNSON'S article was calculated to produce. Had he succeeded in doing so an *impetus* to the spread of homœopathy among members of the profession could not fail to have resulted; while, had he been refused a hearing, the determination to keep the profession in the dark upon all concerning this important therapeutic doctrine, which has ever marked the periodical literature of our profession, would have been even more conspicuous than it is now.

During the next few years, homœopathy appears to have attracted but little attention from the medical profession. Dr. QUIN was frequently absent from England, and, when at home, was actively engaged with the duties of a large, fashionable, and successful practice; while little or nothing was done to introduce the subject to the notice of the profession. During 1833, or somewhat later, Dr. UWINS, a physician in good repute at that time, was induced by his brother, the well-known artist, to make the acquaintance of Dr. QUIN, and from him to learn something of the new

therapeutic method. About the same time, Mr. KINGDON, a surgeon in extensive consulting practice, had his attention drawn to homœopathy by gentlemen engaged in business in the city, who had heard that they could be cured more rapidly, and certainly more pleasantly, by homœopathy than by the measures ordinarily employed. An introduction to Dr. QUIN was followed by enquiry, and enquiry by clinical experiment. Dr. UWINS and Mr. KINGDON, being convinced of the value of homœopathy, desired to make it known to their professional brethren. They endeavoured to do so, the latter in a paper read by him at the *London Medical Society* in November, 1836, and the former, in one he presented a few days later, to the *Westminster Medical Society*. The discussions reported in the *Lancet* of that date are extremely interesting. Mr. KINGDON's paper, while showing some knowledge of homœopathy, evinced a serious desire to understand it more thoroughly. In concluding, Mr. KINGDON said, "after what I have seen, or, if you please, what I fancied I have seen, I feel that it is the duty of every medical man to look into it (*i.e.*, into homœopathy), for it is certain, either that a number of cases do better without medicine than with, or that these unimaginable doses of carefully prepared medicine do impress the nerves so as to influence the actions of life." In the discussion, which followed its reading, Mr. DENDY, Mr. HEADLAND, and Dr. LEONARD STEWART, said that they thought the subject to be one which it was the duty of the Society to investigate carefully. Dr. UWINS, with his larger experience, was more pronounced, and expressed his belief, that one day homœopathy would be a universal creed. On the other hand, Dr. JAMES JOHNSON ridiculed the whole subject; and Dr. WHITING, the President, following in the same strain, asked if any member had ever seen a case of peritonitis, pleuritis, or pneumonia, treated with infinitesimal doses of *aconite*—a query to which there was no response. Dr. UWINS, in the course of his remarks, had stated that he felt sure the day would come when lancets would be superseded by *aconite*, and when they would consequently "rust in their cases." A prophecy—in twenty years later literally fulfilled—which drew from Dr. CLUTTERBUCK, the eminent physician of the London Fever Hospital, the observation that "there was something shocking in an old and respected member of their Society anticipating a time

when lancets would rust in their cases!" At the conclusion of the discussion, a resolution was proposed by Dr. CLUTTERBUCK, and seconded by Dr. JOHNSON, to the effect that homœopathy was unworthy of consideration. It was, however, withdrawn on the understanding that the subject should never again be mooted in the Society.

During the same month a Dr. BUREAU RIOFFREY read a paper on *Hahnemannism* at the *Westminster Medical Society*. He entered into no examination of HAHNEMANN'S views, but occupied his time in denouncing them as a tissue of absurdities, offensive to common sense and contrary to observation. Dr. ANTHONY TODD THOMPSON, when speaking on this occasion, regarded the whole subject as so visionary that it could only be treated with ridicule. Mr. COSTELLO said that in his opinion all practitioners who adopted homœopathy were actuated in so doing by sordid motives, and sordid motives only. A fortnight later and Dr. UWINS read, at the same society, a paper on the *Modus Agendi of Medicines*. In it he supported the homœopathic principle, within certain limits, and in a tentative manner. He referred to "a thing called an editorial article, in a bungling medical journal, written by some one who considered homœopathy and small doses to be one and the same thing. Small doses," Dr. UWINS argued, "were important, nay glorious incidents, arising out of homœopathic research, but they were no more homœopathy itself than might was always right." Dr. ADDISON was the chief speaker at the close of Dr. UWINS' paper, and he asserted that the followers of HAHNEMANN were either persons only fit for lunatic asylums, or such as were influenced merely by sordid motives.

The next incident, which points to the mode in which homœopathy was received by the profession, occurred two or three years subsequently, when the late Dr. EPPS sent to the *Lancet* reports of a few cases in which he had used *arnica* with advantage. These were inserted; but on Dr. EPPS, who was a personal friend and political partisan of Mr. WAKLEY'S, sending other illustrations of disease cured by homœopathically selected medicines—they were returned with a note from the sub-editor, stating that the publication of such cases was, owing to the avalanche of letters they had received protesting against those that had already appeared, impossible.

In 1846, the late Sir JOHN—then Dr.—FORBES published

in the *British and Foreign Medical Review* that well-known article, "Homœopathy, Allopathy, and Young Physic." This was the first, and even now it is, with, I believe, but two exceptions, the last occasion on which homœopathy was adversely reviewed by one possessing some degree of theoretical and literary acquaintance with it.

With the tone of this article, with the manner in which the character and labours of HAHNEMANN were reviewed, no homœopathist could do otherwise than feel satisfied. Nay more, the appearance of a critique, evidently written in a spirit of fairness, gave us hope that at last we were likely to be met in a manner which would compel honest enquiry—an enquiry which would ensure the triumph of truth over error. But what was the result? Sir JOHN FORBES was driven from his editorial chair; he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure.

Finally we arrive at 1851, when the *British Medical Association*, in a series of resolutions, denounced homœopathy, all who practised homœopathically, and all who co-operated professionally with those who did so.

Such, Gentlemen, has been the manner in which the medical profession has received the doctrine of homœopathy. The discussion of the subject was burked from the outset; all enquiry into it was not only discouraged, but any enquirer rendered himself liable to be represented by his medical neighbours as a person who was either partially demented, or a mere seeker after filthy lucre, as one regardless of the lives and interests of those who confided in him. It was impossible to bring the *rationale* of homœopathy before any medical society; any public examination of the results accruing from the practice of homœopathy on a large scale was out of the question; the medical journals were closed to any mention of it, save in terms of ridicule or of misrepresentation.

Every professional avenue through which enquiry might have been instituted, and some definite conclusion have been arrived at, was barred. To impress a knowledge of homœopathy upon the profession through the profession, had been, by the profession, rendered impossible.

Had all this arisen through any unprofessional conduct on the part of the representatives of homœopathy in this country? For several years Dr. QUIN was the only physician practising homœopathically in England. No physician was

ever more scrupulous in deferring to the susceptibilities of his medical brethren than was Dr. QUIN. So much so was he, that he has incurred the charge of not having been sufficiently active in making known the important truths of which he had the honour and the responsibility of being the British pioneer. Dr. UWINS and Mr. KINGDON both resorted to medical societies to expound homœopathy; Dr. ERPS sent the reports of his cases to the leading medical journal of the day; a wealthy banker offered, through Dr. WILSON, to bear the expense of filling a number of empty beds—beds empty for want of funds—in St. George's Hospital, that homœopathy might be publicly tested; but all was to no purpose.

Gentlemen, there was no intolerance among the representatives of homœopathy. None was charged against them; they took no unprofessional methods for making known those therapeutic principles of which they were, in proportion as they felt their value, bound to disseminate the knowledge. They had no secrets; they professed no mystery; they desired above all things to communicate every information regarding the mode of practice they had learned the value of. The great body of the profession refused to afford them any opportunity for doing so. Was then homœopathy to be excluded from all discussion because the profession would not listen? Was Dr. ERPS to be silenced because the *Lancet* would not permit him, through its pages, to communicate to his professional brethren the results of his clinical observations? Were the sick poor to be denied the advantages of homœopathy, because a physician who practised homœopathically was prevented from holding office in a hospital? I trow not! If homœopathy could not be examined before the usual tribunals in matters medical; if it could not be made known through the ordinary professional channels; if it could not be illustrated in established charities—other *media* must be found. Hence arose the pamphlet setting forth what homœopathy was; hence came the handbook of domestic medicine; hence came the homœopathic periodicals; hence came the Homœopathic Dispensary; hence came the Homœopathic Society; and hence has come—and that none too soon—the London School of Homœopathy. Had homœopathy been enquired into in the same way as other topics of professional interest were examined, no institutions of this kind would have arisen. It is, indeed, very doubtful whether the word

“homœopathist”—from the continued use of which some, who owe a large proportion of their power to do good from homœopathy, would seem now to shrink—would ever have come into general use. Assuredly it would not have done so to anything like the extent it has done.

When in 1851 the British Medical Association prohibited its members from practising homœopathy, and from associating with those who did so, we were in possession of what study and experience had convinced us was a therapeutic truth of the highest importance; a truth, the importance of which was rendered all the more conspicuous by the scepticism, which prevailed among nearly all the more experienced physicians of the day respecting the value of drugs in the treatment of disease; a truth, the importance of which was rendered yet greater still, by the fact that it provided a means for the discovery of specifics—the very kind of discovery in which Professor ALISON and others had declared the hope of therapeutics to lie.

By acting upon this great therapeutic truth, the practice of medicine, from being exclusively traditional and empirical, became one based upon a strictly scientific foundation. Our drug remedies were chosen upon a principle the validity of which the records of the past, and the experiments of recent times had proved to have so wide a range as to have been, not without reason, regarded as universal. The mode of studying the properties of drugs was one that was independent of tradition, was exact in its method, and fruitful of information to an extent no plan previously proposed could boast of. We were also convinced that, in order to cure, the necessity for disturbing the organism by inducing the physiological action of drugs, injurious in proportion as they were powerful, did not exist. That, when prescribed homœopathically, medicines were best exhibited in a form, and in a quantity, which precluded the possibility of any injury being done to the patient.

These, Gentlemen, are the principles, of the truth of which we were convinced, of the immense importance of which we were well assured. These were the principles that the *British Medical Association* ordered us to abandon; for entertaining which the Association threatened us with every species of annoyance. We were not, indeed, excommunicated from the profession—though efforts were made to bring influence to bear upon the College of Surgeons in London, and the College of Physicians in Edinburgh, to

remove the names of such of their members as were known to practise homœopathy. Thus to separate us from the profession to which we had been admitted, thus to cut us off from it was found, however, not to be within the power of any man, or any body of men.

In the presence of these facts, what was the duty of those who had seen reason to believe that homœopathy was true? Were they, in meek submission to an intolerant majority (a majority utterly uninformed on the doctrines they denounced), were they, haunted by the fear of being regarded as quacks, and represented as impostors, to abandon principles they knew to be scientifically sound, principles they had found to enable them to control disease, so much more completely than any they had been wont to rely upon, principles that were known and felt by all who trusted them, in their professional capacity, to be of the highest advantage to them? NO!—a thousand times, NO! The duty of all who believed in homœopathy then was perfectly clear. In proportion as they believed in these principles; in proportion as they valued them; in proportion as efforts were made to prevent their being testified to; in proportion as obstacles were placed in the way of their development and elaboration, was it their duty to extend the knowledge of them; to cultivate them; to place their advantages within the reach of the sick among the poor. Prevented, as I have shown we were, from performing these obligations through the ordinary channels of professional literature, professional societies, and established hospitals, we were compelled to issue periodicals, which should direct special attention to the great therapeutic question, for the due setting forth of which we had, by virtue of our knowledge of its importance, become responsible; to institute societies in which these principles might be discussed, their range of operation gauged, the best method of putting them in practice ascertained; and to open hospitals and dispensaries in which their application might be illustrated. And I thank God, Gentlemen, that those upon whom lay the responsibility of doing all that could be done to advance the interests of therapeutics in the direction of homœopathy, were equal to this their responsibility, that they did not allow the fear of the taunt, the unjust taunt, of proceeding in an unprofessional manner, to prevent them from substantiating the accuracy and worth of these principles. They did make known, by book

and pamphlet, what homœopathy was, and how homœopathy might be practised; they did meet together, and, by discussing questions of pathological, therapeutic and clinical interest, endeavour to add to the knowledge already acquired, and correct the observations they had made; they did establish hospitals and dispensaries where homœopathy might be studied, and the poor might receive the advantages to be derived from this therapeutic method.

In so working, in thus developing homœopathy, no intolerance was shown, no unprofessional conduct exhibited. Nothing was done which a true sense of duty did not compel to be done—nothing, that the obligations we undertook on admission to the profession, did not render it incumbent upon us to do. To have done less would have been to hide our talent in the earth, at the bidding of an intolerant, and, so far as homœopathy is concerned, an ignorant majority. Had we done less, we should have been unworthy of the profession to which we belonged, should richly have deserved all the hard things that were said of us, all the ignominious epithets which were so unceasingly hurled at us.

Further, the propriety of the course taken has been abundantly justified by its fruits. The practice of homœopathy, though in a scientific manner limited to a comparatively small body of medical men, empirically pervades the whole practice of medicine. Compare the treatment of disease to-day, with that which prevailed five-and-twenty years ago; compare the text-book of *Materia Medica* of 1877 with that in use in 1850; compare the method of studying the action of drugs pursued a quarter of a century since, with that which is taught to-day; compare the amount of medicine prescribed a few years back, with that which is ordered now! In each direction the principles we have contended for, which we have taught and exemplified in practice, are seen to be operating. And recollect, gentlemen, all this has been accomplished by those very means which are now represented as "Trading on a name," as accounting, more or less, for the antagonism we have met with, as having "naturally led" to the "reprisals" to which we have been exposed.

I have said enough, and more than enough, to prove that those members of our profession who have investigated and adopted the homœopathic method of drug selection, are not in any way responsible for the exclusion from

professional privileges with which we have been visited. That here and there individuals practising homœopathy may have offended against the *lex non scripta* of professional ethics I do not doubt; but that as a body we have done so I utterly deny. To use the words of the late Sir John Forbes—"that there are charlatans and impostors among the practitioners of homœopathy cannot be doubted; but, alas, can it be doubted any more that there are such, and many such, among the professors of orthodox physic?" I assert, without fear of contradiction, that medical men practising homœopathy have conducted themselves with the fullest regard to professional decorum, and they have done so in spite of much provocation and many temptations to the contrary.

From the sketch I have now given of the manner in which homœopathy was received by the profession, from the determination which has been evinced to admit of no enquiry into the doctrines expressed by that word, we must conclude, that the efforts which were made to stamp it out were made, not on account of any intolerance, any sectarianism on the part of those who expressed their belief in it, but solely because the profession were unaware of what was understood by homœopathy, because of the misrepresentations—misrepresentations never allowed to be corrected—which the medical press has never wearied of circulating regarding it, and all who practised it.

And thus, notwithstanding that the principles regulating drug selection, the study of drug action, and of dosage, upon which we have so strongly insisted as true, are daily observable in the general practice of medicine, the same impediments to professional association as those in force five-and-twenty years ago are present to-day. Notwithstanding that the most popular works on therapeutics bear testimony—silent testimony—to the truth of homœopathy, this method of prescribing is still denounced in very much the same terms as those which have been employed since first it was introduced into this country. Why this is so, is an enquiry worthy of some consideration.

True it is, that those practitioners who have adopted the suggestions of RINGER and PHILLIPS are, to all intents and purposes, daily practising homœopathy in a large number of cases. But it is unfortunately also true, that they are unaware of the relation subsisting between the physiological action of the drug they use, and the pathological condition

they prescribe it to remedy. They know nothing of the source whence Dr. RINGER and Dr. CHARLES PHILLIPS derived the therapeutic hints they have communicated to them. They know nothing of the principle which first pointed to them as remedies in the very conditions in which they use them. The statements made known to them through these channels they accept without enquiry, just as they have ever been in the habit of accepting similar statements regarding the remedial properties of drugs, viz., on the *ipse dixit* of some favourably reviewed author.

Hence, I conclude, that the continued opposition to those members of the profession who openly admit that they derive their drug-therapeutic knowledge from homœopathic research is due now, as it was fifty years ago, to ignorance of what homœopathy means.

Of late years we have been assured that the opposition we now encounter from our medical brethren is owing to the fact that we are known by a distinctive name. We are called "homœopathists," and we admit that we are "homœopathists." Yes, we admit that we are homœopathists. In so doing we acknowledge that we regard the law of *similars* as that therapeutic principle which is best adapted for the selection of drugs to cure disease. We do not, however, assert that it is the only principle on which it is necessary for the physician to act in the treatment of every case that comes before him, or in every part of every case; neither do we deny that disease is ever cured by remedies prescribed on other principles.

Within the last month the *Lancet* has told us that when we "give up a profession of the homœopathic system," that is, when we are prepared to allow that homœopathy is not true,—we shall no longer be homœopathists: and, *à fortiori*, so long as we do acknowledge the truth of homœopathy are we homœopathists—and that I admit is correct enough. We are also told that when we cease all connection with homœopathic societies, hospitals, and journals, we shall cease to be homœopathists. That I deny. Whatever may be our connection with societies, hospitals, and journals, if we select our drug remedies on the homœopathic principle we are homœopathists. But, did we discontinue our connection with such institutions, we should cease to have any opportunities of making homœopathy known. And that it is, and not professional reunion, which the *Lancet* so earnestly desires.

As I have already stated, the frequent and general use of the word "homœopathist" is traceable to the fact that homœopathy has never been allowed to be a fitting subject of enquiry through the ordinary channels for the investigation of professional questions. Had the practitioners of homœopathy not been excluded from medical societies, journals, and hospitals, the principles they have striven to promulgate, and as I have shown, have so considerably succeeded in forcing upon the practice of medicine generally, would never have come so prominently under the notice of the public as they have done. Doubtless, some physicians would have rejected the homœopathic theory, while others would have adopted it; and probably enough the latter would have been known as homœopathists, just as the followers of BROWN and BROUSSAIS were known as Brunonians and Broussaisists; but this distinction would have been restricted to professional circles; no ostracism would have ensued in the case of the homœopathist, any more than it did in that of the Brunonian or the Broussaïssist of the past. Dr. WYLD, on a recent occasion, said "it has been argued that the followers of BROWN and BROUSSAIS were not ostracised because they enrolled themselves as Brunonians and Broussaisists. This reply," continued Dr. WYLD, "is ingenious, but not logical; because they never attempted to open Brunonian dispensaries, and self-supporting Broussaïssistic medical institutes. They never traded on their name, and never by their name drew to their consulting-rooms the patients of other men." The reply to this, not very generous, rejoinder is, that the followers of BROWN and BROUSSAIS were never on account of their therapeutic views excluded from filling posts at hospitals and dispensaries. Had they been so, doubtless institutions, where they could have put their views to the test of public practice, would have arisen, and having arisen, would have been known by some designation more or less indicative of their *raison d'être*.

It is, then, because of the opposition the profession has ever shown to the investigation of homœopathy, because of the hindrances to enquiry it has ever placed in the way of the enquirer, because of the determination with which all who practice homœopathically have been prevented from filling public appointments in existing medical charities, that such as are now known as homœopathic have been so called.

It is the professional opposition to homœopathy which is responsible for the word homœopathist, not the word homœopathist which is responsible for professional opposition to homœopathy.

Now, however, we are told that if we can get rid of the words homœopathist and homœopathic, the chief obstacle in the way of our being eligible for posts of professional honour, as well as for admission to professional societies, will be done away with.

So far as a certain number of medical men are concerned, I believe that this proposition is true. But, as regards the great majority, we have no evidence that our abandonment of these terms would in any way influence them in doing us justice. How, I would ask, are we to speak and write of the doctrine signified by the word homœopathy without using that word? The word homœo-therapeutics has been proposed as a substitute; well, Gentlemen, "a rose by any other name would smell as sweet," and possibly the word homœo-therapeutics might come into general use in a few years. But it lacks the historical significance of that we now employ. And yet more, this discussion about a word, a name, this dispute as to whether we shall express our meaning in seventeen letters instead of in ten, strikes me as somewhat puerile, as worthy only of the schoolmen of four or five hundred years ago—and not of the medical profession of our time.

Then, again, with reference to the word homœopathist; we find that throughout all time the advocates of certain doctrines in science, certain principles in politics have ever been known, and I expect ever will be known, by a name derived from the word used to define such doctrine or principles. Such a consequence seems to me both natural and inevitable. If, then, we are determined to maintain the thesis that homœopathy is true, we cannot avoid being regarded as homœopathists, any more than the devotees of spiritualism can escape being termed spiritualists. Hence, Gentlemen, I do not see how the disuse of the words homœopathy and its derivatives is to be accomplished, so long as the opposition to homœopathy continues in the shape it has assumed during the last half century.

As I said just now, it is the opposition to this method of drug selection which has led to the very general use of the word, and it can only be by the cessation of this form of

opposition that the word can ever cease to be so generally employed as it has been.

Another excuse for the ostracism we have had to endure is found in the hypothesis that we are "sectarian," that homœopathy is "sectarianism." This word sectarian—what is it but a term of reciprocal reproach bandied to and fro between opposing parties.

Originally, the word "sect" signified a following, taking its derivation from the verb *sequor*. It is first met with among the Grecian schools of philosophy. THALES, for example, was the founder of the Ionic sect of philosophers; that is to say, the pupils he taught at Miletus in Ionia adopted his method of philosophising in preference to that of PYTHAGORAS, the founder of the Pythagorean school or sect. Again, among theologians the word sect is used to denote a "separation," a "cutting off" being derived in this instance from *seco*. Upon certain more or less understood principles, one body of Christians takes the title of "Church." Others, whose enquiries have led them to regard as erroneous some of the doctrines taught by the "Church," have united themselves together for the public worship of God. They have separated themselves from, have cut themselves off from what is called the "Church," and formed themselves into what is regarded as a sect.

Is this word sectarian applicable to us as homœopaths?

1st. Are we followers of HAHNEMANN? In the sense in which Dr. MATTHEWS DUNCAN is a follower of HIPPOCRATES, or Dr. WILKS of SYDENHAM, so are we followers of HAHNEMANN. HAHNEMANN enlarged our knowledge of therapeutics, precisioned our method of drug selection, defined the best, the only really satisfactory plan of ascertaining the action of drugs. We have gladly availed ourselves of his researches; and, yet more, have warmly acknowledged our obligations to him. But, on the other hand, we have neither done, written, nor said anything implying that blind faith in all that HAHNEMANN ever wrote or taught, which the disciple of THALES or PYTHAGORAS would have deemed it his duty to have exhibited as a member of his sect. By none have the doctrines HAHNEMANN taught been so rigidly scrutinised, as by those who have most earnestly contended for the truth of homœopathy! While it is undeniable that some of his earliest followers, under the influence of that immense force of character which HAHNEMANN ever exhibited, did, in obedience to the stern demands

he made upon them for unhesitating confidence in every theory he broached, accept as true much that investigation has since shown to be untenable hypothesis; it is equally true that it has been by other of his disciples that the fallacies into which he was betrayed were most completely exposed.

We accept so much of HAHNEMANN's teaching as experience has proved to us to be sound, unhesitatingly rejecting whatever in it we have found to be erroneous.

In the sense, then, in which the word was anciently used, we cannot be said to be sectarian.

2nd. Again, have we cut ourselves off from the profession, have we separated ourselves from it as the Church of England is said to have done from that of Rome, or the Baptist from the Church of England? Certainly not. A proportion of the members of the profession, having formed themselves into societies, have resolved not to associate with us. It is not we who have refused to have any intercourse with them. We are ready and willing to co-operate with them in their efforts to promote the science and art of medicine, are anxious to learn from them, and discuss with them, the results of their observations; to communicate to them, and carefully examine the criticisms they have to offer upon such conclusions as our experience may have led us to form.

The sectarianism which prompted the exclamation, "Stand by, for I am holier than thou," is confined to that portion of the profession which rejects, without examination, all that HAHNEMANN ever taught, and rejects it mainly because he taught it. The sectarian position, I conclude, is therefore inappropriately assigned to homœopathsists. We are not the blind, unreflecting followers of any man. We are within, not without the pale of the profession of medicine.

Though the form which characterises the opposition to homœopathy to-day, varies little, if at all, from that which it has taken during the last fifty years, the tone in which homœopathsists are spoken and written of is far less acrimonious and abusive than it was. Ere the influence of homœopathy had been felt in this country, those who had adopted it were described as "lunatics"; when it had grown to be a power, they were set down as "knaves or fools;" now that the teachings of HAHNEMANN have become

more or less generally absorbed into the practice of medicine, we are pushed aside as "sectarians."

The causes of the opposition are the same now as they ever have been—an almost total absence of any information of what is meant by homœopathy; an absolute refusal to ascertain what is understood by it; an unrelenting determination to suppress, by every possible means, every opportunity presented of learning what it really is, and how it can be practically tested.

All the many and various means which have been used to "stamp out" homœopathy, have not prevented this great principle from gaining an ascendancy in practical medicine, it will now be impossible to suppress. Silently, secretly, and amid many apparent denials, homœopathy is, for all practical purposes, largely taught in the medical schools of this country. True, it is taught after an empirical manner only; this, however, is but the prelude to its being taught scientifically. Gentlemen, it is to the work we, and others who have preceded us during the last fifty years, have done, that it is owing that homœopathy is taught empirically—it depends upon those of us who are now actively engaged in making daily use of the truths that have been handed down to us, that homœopathy shall be taught scientifically. Having obtained so much, shall we now remove our hands from the plough? Shall we rest satisfied with the empiricism of SIDNEY RINGER—or shall we press onward until that empiricism receives the thoroughly scientific interpretation, of which we know it to be susceptible? If we believe that in homœopathy are contained those advantages we in the past have asserted that it possesses; if we are mindful of the reputations of those who have preceded us in originating, sustaining, and developing homœopathy; if we are conscious of the elevating, and intellectually satisfying character of a scientific therapeutics, and of the uncertainty and disappointing features of a therapeutic method that is merely empirical; if, in a word, we feel that in promoting the progress of homœopathy, we are performing our duty to science, to our profession, and to the public—we shall never cease to maintain, to illustrate, and to enforce by every means in our power, those medical doctrines, of the truth of which the public avowal has brought upon us so much unmerited obloquy.

Gentlemen, there is no room for compromise; there is no cause for compromise; nay more, I feel perfectly

assured that, were we ready to sacrifice, in however small a degree, any principles, of the verity of which we are assured, for the purpose of conciliating those who differ from us, with the view of acquiring certain professional advantages from which we are now excluded, to the end that we may pursue our several professional careers with greater ease and comfort to ourselves—we should in so doing draw down upon us the contempt of those who have arrayed themselves against us—and, what is worse, we should most thoroughly deserve to be despised by them.

If homœopathy is not true ; if it can be shown that the doctrine of similars is a false doctrine ; that the study of the physiological action of drugs on the healthy, is not the best way of ascertaining the properties of such substances ; if it can be proved that a small dose of a homœopathically selected medicine is not adequate to the end for which it is prescribed—let no one, who has hitherto believed that these principles are true, shrink from demonstrating and admitting what he now feels to be his error. But, so long as we do believe that evidence in abundance has demonstrated the reality of these principles, so long as we have reason to believe that they are not only true in themselves, but collectively present us with a therapeutic method of far higher value to physicians than any that is taught at the present day—so long, I trust, shall we persevere in declaring their truth, persevere in teaching their practical application, persevere in pressing them upon the attention of the profession.

While earnestly, constantly, and courteously contending for and propagating the doctrine we have professed to believe, we must also insist upon the restoration of those rights and privileges of which, by the arbitrary vote of a tumultuous meeting, we were six and twenty years ago unjustly deprived.

While I freely admit that there is no professional obligation imposed upon one physician to assist another in the way of consultation, I deny that any body of men has a right to say to its fellows, You shall not meet in consultation, on any plea whatever, those who believe in such or such a doctrine or theory of medicine ; still less has such a body the right to enforce its mandates by threats of deprivation of professional status in the event of their not being complied with.

Again, I acknowledge that it is perfectly within the scope of any society to decline to receive any member of the profession it may regard as objectionable; but no society can justify the refusal of its membership to any one on the ground that his therapeutic views differ, however considerably, from those of the majority of its members.

Equally unjust, and still more detrimental to the interests of science is it, that the avowal of a belief in therapeutic doctrines, which have not been enquired into by the majority of the profession, should suffice to prevent a physician from holding a public medical appointment.

On the removal of the disabilities which exist in these directions we must continue to insist, until the good sense, right feeling, and increased information of a majority are sufficiently in the ascendant to do us justice. From all that has recently come to my knowledge I am glad to be able to believe that this period is far less distant than the past history of homœopathy might lead us to suppose. We look for their removal on the ground that every member of the profession is bound to act according to *his* experience and knowledge, and not according to the experience and knowledge of his neighbour. Medicine is not a completed science, is not a perfected art—very far is it from being either. There is no finality in homœopathy. One of the most thorough-going homœopathists, and one of the best instructed physicians who ever practised homœopathically, has said: "The law itself may be but a stepping stone to a wider generalisation, which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly."—*Homœopathy the Science of Therapeutics*, p. 27. Much have we corrected in the teachings of HAHNEMANN, and doubtless, as observations multiply, as the various avenues by which research is made increase in number and become more thoroughly explored, will the doctrines we at present hold be more accurately formulated, what of error attaches to them be removed, and principles of a yet higher and more far-reaching character be discovered.

In accomplishing this great work every member of the profession must take a part. Homœopathist and the opponent of homœopathy must work together, each animated with but one purpose, each rising superior to the views his previous investigations have led him to confide in, each

prepared to regard impartially the new lights evolved by deeper and yet deeper research, both together striving with energy and zeal for the development of truth, for the fixing yet more securely still the foundations of that science on which is built the most beneficent of all the arts—the Art of Medicine.

REVIEWS.

Latter-Day Homœopathy. A Letter to the Liverpool Homœopathic Medico-Chirurgical Society, from JAS. COMPTON BURNETT, M.D. Chester: Edward Thomas.

THE text of Dr. Burnett's pamphlet is the passage in Dr. Drummond's published letter, to which we so strongly objected in our notice of that letter, and we are glad to see that the subject has been viewed in the same light as by ourselves, and so strongly as to call forth a separate protest from Dr. Burnett. It is full of clever and pointed satire, showing up the fallacy of the position taken up by Dr. Drummond. After narrating some marked cases cured with high dilutions, Dr. Burnett adds, "Thus am I, like those despised and condemned 'early homœopaths,' so 'confused,' that I daily carry on this 'system of globulism' (no, I beg pardon, 'pilulism') and effectually 'deceive,' *not only myself, but sucking infants, big children, ignorant nurses, fond mothers, and unbelieving adults of both sexes and ages.*" [The italics are ours, *Eds.*] This is striking, and is a sample of Dr. Burnett's pithy and telling letter, which we heartily recommend to the attention of all who are inclined to decry any but "tangible doses."

Homœopathy. Some remarks on the correspondence between Dr. Wyld and Dr. Richardson, in reference to a proposed union between Homœopaths and Anti-Homœopaths. By FREDERICK SMITH, Esq. London: Gould & Son.

THIS excellent pamphlet appeared originally in the form of letters to the *Western Mercury* and the *Malvern News*, in June, and we are glad that our esteemed friend Mr. Smith has re-published them. They are chiefly devoted to showing by historical references the way in which the old-school have all along acted towards homœopaths, and consequently pointing out that all the blame for the present estrangement between the two schools lies at the door of our opponents. This Mr. Smith has done most completely. As the same course has been taken by Dr. Pope, in his Presidential Address at the recent Congress, we forbear making quotations; but as coming from a layman and

addressed to laymen, this pamphlet cannot fail to be of great service in correcting any misapprehension on this subject, and in showing that homœopathy is alive and flourishing in spite of all opposition. We are much indebted to the public for the support they have given to our stand for the truth, and such facts as Mr. Smith adduces, come with even greater force to the mind of the public, than if they had been stated by a professional man.

MEETINGS OF SOCIETIES.

THE ANNUAL CONGRESS OF HOMŒOPATHIC PRACTITIONERS.

THE Annual Congress of the Homœopathic Practitioners of Great Britain was held on Thursday, the 18th of September, the place selected for the meeting being the town of Liverpool. The proceedings took place at the Adelphi Hotel, and consisted of the meeting during the day, followed by the dinner in the evening. The Congress, which was the first held in Liverpool, was largely attended by the homœopathic practitioners throughout the Kingdom, amongst those present being, from London, Dr. ALFRED C. POPE; Dr. DUDGEON; Dr. WYLD; Dr. BAYES; Dr. RICHARD HUGHES; Dr. HEWAN; Dr. DEURY; Dr. DYCE BROWN; Dr. J. G. BLACKLEY; Dr. HALE; Dr. McKECHNIE; Dr. BLACK; Dr. FENTON CAMERON; Dr. HARRIS; Dr. POWELL; Dr. ROTH; and Mr. ENGALL. From Manchester, Dr. BLACKLEY; Dr. DRUMMOND; Dr. MOIR; Dr. PERKINS; Dr. MOREHOUSE; and Mr. RUSSEN. From Huddersfield, Dr. W. SCOTT. From Birmingham, Dr. J. GIBBS BLAKE (Honorary Secretary of the Congress), and Dr. E. MADDEN. From Liverpool, Dr. HAWKES; Dr. MOORE; Dr. BROTHIE; Dr. SIMPSON; Dr. JAMES; Dr. HAYWARD; Dr. BURNETT; Mr. PROCTER; Dr. SKINNER; Dr. DRYSDALE; Dr. ANDERSON; Mr. HUDSON; Dr. HITCHMAN; Dr. MAHONY; and Dr. GEOGHEGAN. Dr. RICKETTS, Wigan; Dr. E. WILLIAMS and Dr. NICHOLSON, Clifton; Mr. JOSEPH BLAKE, Sheffield; Mr. S. H. BLAKE, Wolverhampton; Dr. EDWARD BLAKE, Reigate; Dr. A. CLIFTON, Northampton; Dr. G. CLIFTON, Leicester; Dr. BURWOOD, Ealing; Dr. H. NANKIVELL, Bournemouth; Mr. CHRISTOPHER WILLIAMS, Belfast; Dr. C. WOLSTON, Croydon; Dr. W. WOLSTON, Edinburgh; Mr. E. ROCHE, Norwich; Dr. JONES, Taunton; Dr. SIMMONS, Cheltenham; Dr. FLINT, Canterbury; Dr. ROWAN, Barnsley; Mr. BUTCHER, Reading; Dr. RAMSBOTHAM, Leeds; and Dr. GORDON SMITH. Among the visitors were Mr. EDWARD POPE and Mr. CHAMBRE, of London; Mr. J. HAYWARD, the Rev. W. DALLINGER, Mr. THOMPSON, Mr. CAPPER, and Mr. DISMORE, of Liverpool.

The chair was occupied by Dr. POPE, of London, the President of the Congress.

The proceedings commenced shortly after ten o'clock in the morning, when the President, having taken the chair, delivered an Address on *The Cause of Professional Opposition to Homoeopathy*. (This address will be found at page 568 of our present number.)

At the close of the address Dr. HUGHES, of London, moved that a vote of thanks be accorded to Dr. Pope. In doing so he said, I have much pleasure in proposing that a very cordial vote of thanks be passed to Dr. Pope for the able address he has just read to us. (Applause.) Evidently from the applause he has received throughout, he expresses the sentiments of this body, and it is most important at this crisis of our history that an eloquent, forcible and frank expression of opinion should go forth to our medical brethren. Such an address has been read to-day, one which is well fitted to take rank with the series of able addresses we have from time to time heard from the chair at our Congress, and I am sure we shall all join heartily in this vote of thanks. (Applause.)

Dr. GEORGE WYLD, London, seconded the motion. He said, I beg leave to second the vote of thanks to Dr. Pope for his able address. I think Dr. Pope's address has been a manly exposition of homoeopathy, and as a *resume* of the historical view of homoeopathy—it is a very interesting and valuable paper. While thanking Dr. Pope for his excellent paper, as he has made my letter—so to speak—the text of it, perhaps you will allow me to say a few words. Dr. Pope has said that in my recent efforts for peace in the profession, I have used expressions which seem ungenerous. Gentlemen, I should be very sorry, indeed, to have used such expressions, and I trust a want of generosity is not my characteristic. (Applause.) Dr. Pope has also quoted one of my expressions, where I said that the intolerance of Hahnemann naturally led to the intolerance of the allopathists. I maintain that proposition. I say that Hahnemann was intolerant in his old age. He enunciated the theory that all diseases could only be treated by similars; and I say that that proposition of Hahnemann was sectarian and intolerant, and naturally led to intolerance on the other side. Now I want to explain the definition of “naturally.” I have corresponded with Dr. Pope in reference to that word, so that he knows what my view of it is, but I should like you, gentlemen, to know it also. When I say naturally I don't mean justifiably. Take the illustration of two children playing together; they quarrel, and one pulls the other's hair, and the latter having a stick in his hand knocks the former down. (Laughter.) I say that is a “natural” exhibition of temper on the part of an ill-tempered child, but I

don't justify that exhibition of temper. (Laughter.) And so it is with the opponents of homœopathy. I would have liked, while Dr. Pope was generous, that he had given me credit for a little more generosity. These efforts to produce peace in the profession I believe have produced very great results. (Dr. Clifton—"Disasters.") Mr. Bradley, of Manchester, assures me that my letter has been the cause of bringing about, in Manchester, a very kind feeling on the part of the allopathic practitioners towards the homœopathic. I have not another word to say, but I beg of you to believe that in anything I have done in this matter I have had the good of homœopathy in view. (Loud applause.)

The motion according a vote of thanks to Dr. Pope, for the address he had delivered, was then carried unanimously.

The PRESIDENT, in acknowledging the compliment, said, Gentlemen, I thank you very much for the kind manner in which you have received my paper, and for the attention with which you have listened to it. With regard to the remarks of Dr. Wyld, it is perhaps better for me to say nothing about them, because discussion does not take place on this paper, but I may say that I took Dr. Wyld as I found him in print, and I put the interpretation on the words to which they "naturally led," one which everybody, I think, has put upon them except Dr. Wyld himself.

The PRESIDENT: Before I call upon Dr. Drysdale to read the paper of which he has given notice, I will read one or two letters which I think it may interest you to hear. One is from a gentleman who formerly occupied the chair I now fill, namely, from Dr. Sharp. He writes as follows:—

"Rugby, September 12th, 1877."

"My dear Mr. President,

"Many thanks for your invitation to meet you at the Congress once more, and many regrets that it is not in my power to do so.

"Of the seven Congresses which have been held since their revival, I have attended six, and have read a paper at five; so that it is to be hoped that in this as well as in other ways I have done "what I could" to fulfil my duty to the sick while I was able.

"Give me leave, however, to salute you, and all who meet you at Liverpool, and to express the wish that you will have a friendly and happy meeting, and also to express an earnest hope that the differences which seem at present to exist among you will be discussed with mutual consideration and forbearance, and be brought to a successful issue.

"It is certain that there is something in homœopathy worth contending for, and not only worth contending for, but also worth bearing shame and reproach for. (Applause). And this shame and reproach will assuredly be wiped away. (Applause.)

"What that something is I have given all diligence to discover, and, with all respect to others, to explain. Part of it is expressed in three general facts or laws, namely—

"The local action of all drugs. The contrary action of certain ranges of larger and smaller doses. The existence of an intermediate range of doses possessing the action both of the larger and the smaller doses, or which have primary or secondary actions opposite to each other.

"These three general facts have been discovered by following the example, first set us on a large scale by Hahnemann, of experimenting with drugs in health.

"In the use of drugs as remedies these laws are more or less interfered with by *predisposition*, and by *disease*. To the investigation of this interference time and thought and experiment would gladly have been devoted, had it pleased God to have continued my life and health one or two years longer. Others will undertake this. A clearer knowledge of this part of the subject will contribute, in the future, to the better relief of our fellow creatures suffering from illness.

"May I conclude by expressing the hope that the members of the Congress will retain an affectionate remembrance of

"Their sincere friend and fellow labourer,

"WILLIAM SHARP."—(Loud cheers.)

The PRESIDENT then said: Then I have also a letter from Mr. Charles Grayson, which I will now read.

"THE HOMŒOPATHIC DISPENSARIES OF LIVERPOOL.

"I regret that, owing to a sharp attack of illness, I am deprived of the pleasure of dining with you this evening, the more so because I had promised to say a few words respecting the Homœopathic Dispensaries (Liverpool), of which I am chairman. The following particulars of their work, however, will probably be interesting to the members of the Congress.

In 1856 the average weekly attendance was 395, and the total for the year, 19,565. In 1866 the figures were 669 and 34,808 respectively; in 1876, 1,251 and 65,085. These numbers are still on the increase, giving, I think, a conclusive reply, so far at least as Liverpool is concerned, to the recent mendacious statement in the *Lancet*, that homœopathy was dying out of sheer inanition. (Hear, hear.) Perhaps few laymen have had the same opportunities as myself of comparing the relative results of allopathic and homœopathic treatment. During a period of nearly thirty years I have been a member of committee of one or other of our largest medical charities, and am so still, as well as a regular visitor, the result of my experience being a firm and solemn conviction that the homœopathic system is as much superior to the allopathic as the latter is to no treatment

at all. In proof of this assertion I may add that the average number of times patients require to attend our dispensaries is only about half that at the general medical institutions."

[We much regret that owing to the unusual length of the debates at this Congress we are compelled to postpone until our next number the very interesting papers read by Drs. DRYSDALE, HUGHES, and EDWARD BLAKE, together with the discussions to which they gave rise.]

Dr. DRYSDALE then read the paper which had been announced on the *Opposite Action of Drugs in Large and Small Doses*. He was followed by Dr. HUGHES *On the Two Homœopathies*, when

Dr. MOORE, the Vice-President (in the chair), expressed his regret that the time for the morning meeting having expired, it was impossible to discuss the very interesting paper for reading which they felt so much obliged to Dr. Hughes. In the name of the Liverpool Homœopathic Medico-Chirurgical Society he then invited the members to luncheon in an adjoining room. At the conclusion a vote of thanks to the Society was proposed by the President, carried by acclamation, and acknowledged by Dr. Skinner.

The business of the Congress was resumed at two o'clock, the chair being taken by the PRESIDENT (Dr. POPE), who said: Before I call on Dr. Moore to move the resolution of which he has given notice in reference to the London School of Homeopathy, I may mention that I have received a telegram from Dr. Murray Moore, who is now residing at Taunton, and who has for several years lived in the State of California, where he was a member of the Homeopathic Medical Society of that State, and by that society was appointed as a delegate to attend this Congress with a message. That message he has telegraphed to me, as he is unable to be present with us. He says, "The California State Homœopathic Medical Society sends greeting and best wishes to the Congress." It is very pleasant always to feel that we are remembered by our brethren abroad, and I am quite sure we shall all appreciate this kind message from the medical men in the State of California (applause). I will now ask Dr. Moore to bring forward the resolution of which he has given notice; but previous to doing so I will state that Dr. Bayes has received thirty-two letters from gentlemen who are unable to be present with us to-day, but who are interested in this question. Though I have no doubt he will refer to these letters, I may as well tell you who they are from, and that all, with two exceptions, are opposed to Dr. Moore's proposal, the two referred to being doubtful.

Dr. Neville Wood, Dr. Yeldham, Dr. E. C. Holland, Dr. Leadam, Dr. Hayle (Rochdale), Dr. Bradshaw, Dr. Wilson, Dr. Berridge, Dr. Roche, Dr. Miles, Dr. D. C. Laurie, Dr. Von

Tunzelman, Dr. F. Flint, Dr. J. Murray Moore, Dr. Tuckey, Dr. Robinson, Dr. Süss Hahnemann, Mr. Millin, Mr. Thorold Wood, Dr. Tuthill Massey, Dr. S. Morrison, Dr. Ayerst, Mr. Prowse, Dr. Galgey, Mr. Mansell, Dr. James Jones, Dr. Cooper, Dr. McConnell Reed, Mr. Denham, Dr. Matheson, Dr. Shulldham. Having made that announcement I will ask Dr. Moore to bring forward his motion.

Dr. MOORE, Liverpool: It has fallen to my lot to take up this vexed question of the change of the title of the new School of Homœopathy, and I am well aware of the difficulties connected with the subject, and of the strong current of feeling that exists against the said change; and this I must say in introducing the matter, that I believe both sides and parties are equally devoted and earnest friends of homœopathy, and that their differences are of a purely intellectual, scientific, and social character. Albeit unhappy personalities have from time to time cropped up in the discussion of the subject, I trust that the Congress will enter into this discussion without any personalities whatever, and allusions to the past, avoiding all extraneous matter, considering only the abstract merits of the change proposed; and to whatever decision we may arrive, that the minority will, as in all other rational and self-governing bodies, submit to the expressed will of the majority.

I may state at the outset that the action of the Congress can only be declaratory and recommendatory, as it rests with the donors and subscribers to the school to legislate or otherwise on "the change of title."

This subject has now for about six months been agitating our body, and though all agitations and divisions in large bodies of men are generally over-ruled for ultimate good, in a small body like ours division means disaster. The present effect of this agitation is far from a happy one, hence my desire, and that of many others, to have a final settlement of the question. The late Duke of Wellington remarked that his chief reason for passing the Roman Catholic Relief Bill was "to avoid a civil war." His memorable words were, "That of all wars," and he had seen much of war, "civil war was the worst;" and of all controversies the worst is that which goes on in a small body, banded and held together by their attachment to a great truth, and whose attitude heretofore has ever been that of conflict with the error, prejudice, opposition, and injustice of our great enemy without.

The non-sectarian title of the school, which I propose, is doubtless part of a much wider subject, namely, the future position and prospects of homœopathy in this country, and the title of the school, therefore, cannot be considered apart from this without leaving out the most material elements to guide us in our decision.

Is homœopathy ever likely to be recognised or legalised here as in America, with its separate colleges (in six or seven States of the Union), all with power of granting degrees? Or is it most probable that it will be amalgamated with general medicine, taught in our schools, with or without the name, as a part of general medicine? Let us pause for a moment to consider these questions; and here we are furnished at once with an answer from what has already taken place.

Homœopathy is taught already in some of our schools under the cover of legitimate medicine—imperfectly taught, dishonestly and dishonourably taught, without a word of acknowledgment or approbation of the source from which it has been derived, or with derision of that source if mentioned at all.

Then as to establishment and legal recognition of homœopathy in America, let us note that the circumstances of an old and monarchical country are so different from those of a new republic, that no comparison can be made; yet it is very remarkable that the most recent and most successful establishment of homœopathy in America (four years ago)—most successful both in a scientific and popular sense—was the union of the Boston School of Homœopathy with the new University of Boston. Note what has taken place there in reference to the title of the school; it is now called "School of Medicine," the incongruity of styling it "School of Homœopathy" being felt in an institution where an all-embracing title should be employed. In the report of this school we are told that "Its curriculum is of the broadest character, and includes all the collateral branches of modern medical science."

This—the Boston University School of Medicine—is the type not only for our school, but for its title, and let us follow this practical example of the great country, and though we may not, like them, be taken up by any of the universities, we shall, ere long, receive the recognition of those who have the power of granting degrees, the more speedily, if our hospital be raised to the required standard.

One subject closely connected with the future of homœopathy must be touched upon, namely, the present attitude of the medical profession towards us. Our President's address having touched upon the recent attitude of the profession, I pass over that subject briefly.

Now there are strong symptoms of awakening justice towards us amongst our brethren of the so-called orthodox school; these symptoms were first manifested at Birmingham two and a-half years ago; still more recently in London, Manchester, and Bradford. At the latter place conspicuously and nobly so by one in authority and position. Now what five or six men have expressed, five or six hundred are ready to express if they had

the moral courage to do so, or if it were made easy for them to do so. I deny that two or three waspish remarks by editors are to be taken as expressing the genuine feeling of the profession towards us; they express, if you will, the feeling of the tyrannous section of the profession—that part which is ever clamorous respecting its so-called dignity, and which cares far more for what is thought respectable than for what is true and good, more for its own interests than for the interests of mankind; but we believe that this class is on the decrease, and it has been brought about partly by the advocacy of the laity, who have always been witnesses to our unjust treatment, and partly by the consistent perseverance in a conscientious attachment to what we believed to be the truth in medicine.

Apropos of this professional movement in our favour, I deeply regret that no flag of truce has yet been held out to us in Liverpool, and that the medical institution of this great town contains as its second law a statute for excluding homœopaths from its membership, and all its advantages; I hope that some of its brave members will initiate, and speedily carry out, the repeal of this obnoxious law.

But to return. Our good friend Dr. Bayes has recently dwelt much on the position of the school as an extra-academical school, and has justified its existence on that ground. Here let me say that however this discussion may terminate, the homœopathic body owes a deep debt of gratitude to Dr. Bayes for his most laborious and successful efforts in obtaining the means of establishing such an efficient school.

Now there are two serious arguments against the school existing "as an extra-academical school," and they are these:—

1st.—The difficulty of obtaining students; and

2nd.—The isolation involved.

1st.—The students' difficulty.—At present there are so many lectures to attend, required by the hall and college and universities, that the student has no time for extra studies; nor has he money generally to spare; for I need not tell you that medical students usually come from the upper middle class of society, or are the sons of professional men, whose pecuniary means are limited, their parents often with difficulty giving them the mere supplies absolutely necessary for the positive and peremptory requirements of the college and hall or university, as the case may be; so that students' attendance will, I fear, be very small, and the audience therefore be composed of amateurs, who will attend irregularly and capriciously; only a few enthusiastic students may be looked for—perhaps very few.

2nd.—The argument of isolation.—By establishing it as an extra-academical school we are just pushing ourselves into that very isolation and sectarian position of which we have complained

as being obliged to assume heretofore, in consequence of our persecution by the orthodox school; and now we take up, spontaneously, a very marked dissenting position, which, though it might have advantages for a time in teaching pure homœopathy in contradistinction to Ringerism, would eventually stamp it as a sectarian school, and exclude it for ever from legal recognition. Having now noticed the objections to the title "school of homœopathy," I pass on to the positive arguments for a non-sectarian school title.

1st.—By giving the school such a title we place it in a position to receive and apply any newly acquired truth or remedial process whatever that may be discovered hereafter, or that now exists, in addition to maintaining and upholding the great law of similars, bequeathed to us by our illustrious master.

2nd.—We place it on a scientific level with all other schools of medicine.

It is not scientific to call a school homœopathic, allopathic, or antipathic; these terms are only expressive of one feature of medical truth, but "school of medicine" is broad and large, and comprehensive of all medicinal measures and appliances.

Dr. Cockburn in his recent pamphlet has worked out the scientific argument fully, and shown in analogous cases, as divinity, that we do not establish chairs of Calvinism or Arminianism, though we teach all these, and far more than these in the chair of divinity.

3rd.—By adopting a non-sectarian title we place the school within the pale of possible legal recognition by the licensing bodies. The lectures will count as ordinary medical lectures at other schools, whereas, if a sectarian title be continued, the school can never be recognised, but is doomed to perpetual isolation. If asked, How do you know that it can never be recognised with its present title? I reply that our friends who originated this movement have ascertained most positively that it cannot be recognised if called "School of Homœopathy" or any other *pathy*, and therefore if we continue the name as it is, we shall lose in the future the high position we claim of perfect equality with our brethren of the old school, and, what is of far greater importance, the opportunity of saturating the whole medical world with that truth which we believe God has entrusted to us for the benefit and blessing of our noble profession, and through it of the whole brotherhood of man.

Finally: If you believe that homœopathy is the "Be-all" and "End-all" of medicine, of course "School of Homœopathy" is the title to adopt, and there is an end of all further agitation of discussion; on the contrary we believe that larger views are held of the future of medicine by the majority of our body; and if we take the right course now, we shall succeed in elevating and

establishing homœopathy in this country in the only way it can be established,—by bringing the hospital up to the required standard, and by opening the school on a broad basis as already indicated.

The cries which have been raised against such as have advocated this view—of being “renegades”—of “striking the flag”—of “eating the leek”—of having “lost faith” in homœopathy, are not applicable to men who have advocated the great homœopathic law in its darkest days, and when they stood alone in this country, and who now naturally desire that the wars of David may be followed by the peaceful reign of Solomon.

I can only speak for myself without compromising anybody else when I say that to whatever decision you may come this day on this subject, whether for or against my views, and the views of those who advocate the broad basis for our school, I shall stand by the school, as the channel of teaching that great truth to the practice of which I have devoted nearly thirty years of my life, and to which I purpose adhering through the remainder of my days on earth, because I believe it to be the true law of healing.

Dr. MOORE added: I have now the pleasure of moving the following resolutions, first, “That this Congress regrets that the executive of the London School of Homœopathy has adopted a special instead of a general title.” (Dr. Moore also read a second resolution to the effect that the school should be called the Bloomsbury School of Medicine.)

Dr. HAYWARD (Liverpool): I have very great pleasure in seconding both those resolutions, but I would very much prefer that Dr. Moore had placed only one before us at once, because it is necessary we should be as definite as possible in this matter.

Dr. MOORE: Then, I will be happy to do that. I move, “That this Congress regrets that the executive of the London School of Homœopathy has adopted a special instead of a general title.”

Dr. HAYWARD: I have very great pleasure in seconding that resolution. I think it is a matter of very great importance; and that now is the time for us to take a stand definitely and pointedly, and by adopting the special title of “The Homœopathic School,” we preclude ourselves from the opportunity of teaching besides homœopathy. It is therefore, in my opinion, a very short-sighted policy indeed to adopt a special name. It is very important to select a general title, in accordance with which we can introduce into the school all professional knowledge, whether homœopathic or allopathic, medical and surgical, and we shall not be excluded from applying any. Of course, if we adopt the term “homœopathic” we shall be expected to stick to it. Now, are we prepared for that? I don't think any gen-

tleman in this room would like to say that our school must be restricted narrowly to the teaching of homœopathy. (Cries of "Yes, yes.") If, gentlemen, we teach nothing but homœopathy we shall teach a very narrow, and I was going to say very sectarian aspect of the profession. As medical men we ought to teach the whole of that medical knowledge which qualifies medical men, and if we adopt a special name—as it would seem by some to confine ourselves to strict homœopathy—we exclude the right to teach what is more general. I maintain that by doing that we really put a veto on the lectures already given, because I maintain that in the lectures given by Dr. Hughes and Dr. Dyce Brown we have taught more than homœopathy. If we have taught more than homœopathy, we intend to teach more than homœopathy; therefore if we adopt a title which precludes us from teaching more than homœopathy, what an anomalous position we place ourselves in! I think that now is the time to adopt a title by which we can teach anything we like. By the movement throughout the profession at the present time we have, I believe, got an opportunity which will never again present itself in the present generation. I am not an old man, but I feel that if we do not take the present opportunity we shall never see such another. I think the feeling of everyone in this room is that we ought to take advantage of the opportunity we now possess. I have great pleasure in seconding the resolution that the title of the school ought to be general and not special. (Applause.)

Dr. NANKIVELL (Bournemouth) said: I have been asked to propose an amendment on that resolution which I think will meet with acceptance from the majority of the members of this Congress. That resolution is a very short one, and perhaps before I speak to it I had better read it to you. It is, "That the name of the school remain for the present The London School of Homœopathy." (Loud applause.) I remember at the last Congress at Bristol this matter was considered, and it was passed by an almost unanimous majority that a School of Homœopathy should be established in London. I think that all we have to consider to-day is, not whether the institution shall continue, but whether it shall be called by that name. This matter was first brought to my knowledge by a circular which I received from my friend Dr. Black, and afterwards I received a second note from him, asking whether or not I acceded to the proposition signed by himself, Drs. Drysdale, Dudgeon, and Ker; I replied that I had no objection whatever to the School of Homœopathy having a wider name than School of Homœopathy, but that I thought that if we changed the name we were bound to change the scope of the school; that if we called it a school of medicine, we were bound to make it a school of medicine, and

teach anatomy, physiology, and everything else to students who liked to attend it. From Dr. Moore's paper and motion there appears not the slightest desire on the part of any of these gentlemen to increase the funds or the scope of this school. The mere question is shall it be called a school of medicine. I think it is very much better to call things by their right names. What is taught is therapeutics. Therefore, it is not in a true or technical sense a school of medicine at all. (A voice : "A medical school.") No, it is only a homœopathic school. Another point is we have got funds together—Dr. Bayes has got funds—for a school where homœopathy should be taught. Therefore, it is a very serious matter in the first year of its existence to change its name. I am the very last person in the world to stick to a name, if by changing it we could gain anything without sacrificing principle, but at present we cannot cast it overboard without sacrificing principle. If the other medical men in the schools and through the medical papers come to us and say, "We will recognise your school as a school of therapeutics if you change the name 'Homœopathic,'" it would be another matter. But they will do no such thing. They will only come round as the position of things gradually alters. The *Lancet* offers no right hand of fellowship, and if at present you effect this change, you will be in the wrong position all the time. If we give up the title "Homœopathic" as applied to the school, do so as to the *Journal*. (A voice : There is no connection whatever.) If we can get appointed a lecturer on *Materia Medica* in another school who is not ashamed of homœopathy, or of Hahnemann, let us call the school by another name; but until that is a practicable and feasible thing, I believe we are only following the interests of science by calling the institution by the name it has, a School of Homœopathy. (Applause.)

DR. DYCE BROWN (London) : I have great pleasure in seconding the amendment moved by Dr. Nankivell. My view in favour of keeping the name as it is, rests upon one point alone. The allopathic section of the profession refuses to teach homœopathy at all. We come in and say, "We will supply the existing want." That bits of homœopathy are taught in other schools is a strong reason for our present name. We do not start a medical school, but a school to teach that which other schools do not. We shall not teach bits of homœopathic practice; but show the principle on which such treatment is based, and we will teach the students to apply the principle to medicines and diseases in general. Therefore, it is necessary for us to say precisely what we mean to teach. Now, what we mean to teach is homœopathy. Dr. Hayward says we ought not to teach that alone, but all therapeutics.

DR. HAYWARD (interrupting) : May I be allowed to rise to

correction. I never said such a thing. I never said we should teach allopathy as well as homœopathy. I merely said we might teach anything we liked.

Dr. BROWN: I beg Dr. Hayward's pardon. Of course we take the right of doing so; but believing as we do that homœopathy is the best system of medicine, and knowing that allopaths do not believe in their methods, we don't want or profess to teach anything but homœopathy, except when we come to a case where we should say to the students, "This is beyond the pale of homœopathic law." But except in these cases we want to teach the students what we do, and not that which we do not believe in. There is one other point. Dr. Moore said our classes are small. I think that for the first year they were remarkably good. Students did not all come regularly, but there were half-a-dozen regular attenders out of a dozen enrolled. Now, as it was a summer session, which is not favourable, I think half-a-dozen regular attenders out of a dozen is remarkably good. We have only to continue, and the more distinctly it is known that we mean to teach homœopathy the more will students come and hear what we have got to say. (Applause.)

Dr. WYLD (London): I don't so much wish to make a speech as to ask a question of Dr. Brown, because I think the answer may to some extent influence the meeting in deciding upon a name. If I am not much misinformed, the facts are of this nature. There were fourteen or fifteen students at the school, but I understand that only four or five or six paid fees; the others were free admissions. That is a very small number of students to be attracted after the expenditure of £100, and the distribution of 20,000 handbills. I understand there were five or six, or there may be seven students who paid the entrance-fees, and that these lectures began with twelve, fourteen, or fifteen students, that sometimes there was an attendance of five or six, or sometimes fewer, but I have been informed that latterly the attendance dropped down to two, and that on one occasion there was only one student present. What I would submit is—Does not that amount to a proof that the name has been a failure? With 20,000 circulars and £100 expenditure, is not that a failure?

Dr. BROWN: I don't think it was ever reduced to a smaller audience than four. I don't remember it.

Dr. HUGHES; I must inform Dr. Wyld that I was the unhappy person whose audience was reduced to that number.

Dr. CAMERON (London): I have but one or two words to say in reference to the name of the school. In Dr. Dyce Brown's lectures, reported in the last number of the *Homœopathic Review*, he has certainly gone beyond homœopathy in telling those who treated a certain complaint of the throat that if that complaint is

very difficult to treat they are not to go into the homœopathic treatment of the disease, but they are to swab the throat with nitrate of silver lotion. If that is not allopathic treatment, I don't know what is.

Dr. GIBBS BLAKE : I quite follow Dr. Nankivell's arguments, especially where he says that the school should be called by a proper name. If a student goes to Great Ormond Street to learn the practice of his art, he ought to be taught there, not only the cases where the therapeutic principle is of value, but, I take it, that he ought to be taught the exceptions to that, and, therefore, that a professor at Great Ormond Street should go into the subject fully, and should teach a student, who attends there for his knowledge of his profession, the whole of therapeutics, which Dr. Brown thinks it right for him to follow. (Applause.) Therefore, I submit that a thing should be called by its proper name, and the proper name of this school is not a "School of Homœopathy," but it is a "School of Therapeutics." A school of therapeutics includes the teaching of *Materia Medica*. It seems to me that that meets the difficulty. It certainly is not, and never will be, a school of medicine in the strict sense of the term. The schools of medicine in London are so numerous that it seems absurd to suppose we should ever get the chairs filled up by the means suggested ; but our school is, and should be, a school of therapeutics. This becomes a second amendment on the resolution before the meeting. I submit whether it is not the best solution of the difficulty.

Dr. HALE seconded Dr. Blake's amendment, regarding it as the best solution of the difficulty.

Dr. DRYSDALE (Liverpool) : I rise to support the resolution proposed by Dr. Moore ; and, in the first place, I must protest against being confounded with those, if such there be, who seem to think that it depends upon us whether we give up the title homœopathic as a body. It does not depend upon us. As long as we believe that the homœopathic is the law of the action of specific medicines, so long must we, in common honesty, openly confess that we do. While our professional brethren separate themselves from us on that account, and falsely brand us as sectarian, we must be content to bear the accusation. Until the majority of medical men return to the behaviour of men of science and gentlemen, and allow homœopathy to be discussed like any other theory in medical literature and societies, there must exist a separate literature and societies, to which no more appropriate name than homœopathic can be given. Here it indicates not a creed, but merely the cardinal point on which free discussion is required ; it is otherwise with a school where the name must imply a defined creed. Meantime, I protest against the accusation

of desiring a neutral name for the school from any desire to shirk the opprobrium of bearing the name of homœopathist. I may remind you that I was one of the founders of the *British Journal of Homœopathy*, a journal addressed to purely professional readers, at a time when there were not a dozen qualified homœopathic practitioners in Britain—(applause)—and I still approve of its name. (Renewed applause.) In describing the lectures in our school as extra-academical, Dr. Bayes is, I think, mistaken in the meaning of that term. In Edinburgh it was applied to all lectures delivered without the walls of the University, and which did not qualify for the privilege of its degree. But these lectures were sufficient to qualify for the rights and privileges of other professional licensing bodies. Now this is denied to the lectures of our school, and, therefore the word Dr. Bayes ought to have used is extra-professional, and not extra-academical. This is an imputation and a grievance which I call upon you to protest against by voting for Dr. Moore's motion. Our remedy is pointed out by the course followed in the case of the University of Boston, in America. A few days ago I met Dr. Helmuth, who related the history of that institution. It was founded by a rich citizen, and for some time contained only the faculties of arts and theology; in process of time it was thought desirable that the faculty of medicine should be added. Among those interested, such as favoured the homœopathic theory were in the majority, and it was proposed that they might fill up the chairs, but it must be called the faculty of medicine simply, not homœopathic medicine. Immediately parties were formed, and it was said, "If you go in there and teach medicine, you are a traitor to your camp. You must not go in there unless the university admits the faculty as that of homœopathic medicine." Fortunately a more rational view prevailed, and all the chairs belonging to the medical faculty are now filled by homœopathists, although they are named just as in the ordinary schools. The chair of *Materia Medica* for example is called simply the chair of *Materia Medica*, but the teaching is on the homœopathic principle. That is the position we wish here. There is no chance of a charter being granted in England, but all the licensing bodies are in the same position to us as the Boston University. The University of London, for example, is not an allopathic university; therefore, we have the same right to teach there that anybody else has, and if we abdicate that right, we are unworthy of our principles: Shall we sink into a corner and say we are afraid to teach medicine? We are not afraid. We must claim our right to teach *Materia Medica* in the way we think proper to *bonâ fide* students, as a part of the curriculum which qualifies for the license to practice, and not be content with extra-professional lectures to dilettanti. The only practicable

way to do this, we have been informed by a member of the senate of the university, is to adopt a neutral title, such, for example, as the "Bloomsbury Medical School;" any other at once compels a definition of homœopathy, and that has never been given to the satisfaction of any considerable number of our body. The name of "London School of Homœopathy" for example, is repudiated as a misnomer of the teaching in our school by Dr. Fenton Cameron, who objects to the treatment of sore throat therein recommended, viz., aconite and belladonna, followed in obstinate cases by swabbing with a strong solution of lunar caustic, as not homœopathy. The objection is just from his point of view, and none who think with him can consistently and conscientiously allow the present establishment to bear the name of School of Homœopathy, although they could not have the same logical objection to such teaching in the "Bloomsbury Medical School." A creed and a strict definition are thus essential to please homœopathsists if you will call it a School of Homœopathy, while so much of creed as is expressed in this title is an absolutely fatal barrier to our sharing in the recognised medical schools of our country, just as it was to obtaining the Boston University for our cause. With a neutral name, such as the Bloomsbury Medical School, the very same lectures as now, in the very same words, by the very same lecturers may be given; and we should still have a starting point for agitation to overcome the partisan resistance to our claim of recognition, whereas by the present title those very lectures are condemned to perpetual extra-professional isolation. Why then should this title be insisted on from the false and unfounded fear that changing it, in compliance with the wise, just and far-seeing rules of the London University, might appear a loss of faith in our distinctive principle in the eyes of ignorant laymen, or for any other subsidiary motives? Let us, therefore, beware how we trifle with this chance of asserting our claim to teach openly and honestly, and with equal privilege of recognition, those homœopathic principles of therapeutics which are now taught secretly and dishonestly in many allopathic schools.

Dr. DUDGEON (London): I do not think the proposal of Dr. Hale would meet the objections of those who think with me, that we should take our stand upon our rights, and our rights are to enjoy all the privileges presented to us by the University of London. Now, the University of London would no more recognise a School of Therapeutics on the principles of homœopathy than it would recognise a School of Allopathy, or a School of Homœopathy. We may justly consider that we have arrived at a time when we can claim to be the representatives of the true scientific medicine, and if we put ourselves into a sectarian position, in reference to our school, we thereby put ourselves into a

position of obscurity and deprive ourselves of all the advantages of our University, which belongs as much to us as any other members of the medical profession. (Applause.) Then, let us consider why should we not call ourselves a school of medicine or a medical school? When Hahnemann, in his brilliant days, which were so graphically described by Dr. Hughes (that is to say in the vigour of his age), published his *Organon*, he did not call it the *Organon of Homœopathy*. He called it first the *Organon of Rational Medicine*, and in the first edition he everywhere speaks of the physician, who practises according to his method, as the "rational physician." (Applause.) And he calls his system throughout the system of rational medicine. (Applause.) Now then, are we to go back to ante-Hahnemannian days, are we afraid to take the position that Hahnemann asserted for himself? In the later editions of his *Organon* he drops the word homœopathist, and he speaks everywhere of the physician who practises his method as the true physician, and of the system of medicine as true. Shall we then go back and deprive ourselves of any chance of recognition by the University of London? No! I say let us, like Hahnemann, assert our claim to be the representatives of true medicine. True medicine must be practised according to the principles of homœopathy, and if we teach true medicine we shall teach homœopathy. (Applause.) And in those rare cases where homœopathy is inapplicable we may resort to the other method which our brilliant lecturers in the School of Homœopathy recommend. (Applause.) We have been told that Dr. Dyce Brown teaches to supplement homœopathic practice by allopathic measures, and Dr. Hughes in his very interesting lectures on *Materia Medica* points out the allopathic use of drugs. When many years ago I was engaged along with Lord Ebury and Mr. Cowper-Temple, concocting that clause of the Medical Act which is the charter of our rights, do you think that that question was not discussed among us? Of course it was, and I heard from Lord Ebury, and from Mr. Cowper-Temple as representing the House of Commons, that any mention of the word "homœopathy" would not have been allowed. We went upon general principles. We said "any theory of medicine," and we did not mention homœopathy particularly. Shall we go back from those days? Shall we abandon the charter we then obtained? No; don't let us go back; let us go forward. Our position is that of the representatives of true medicine. Have we not had experience of schools of homœopathy in this country? There was a school of homœopathy established in Hanover Square. Immense sums were expended on the establishment of that school. It was ushered into the world with a great flourish of trumpets, as great as anything witnessed in these days. What has become of that school?

We know it has been consigned to the limbo of oblivion. There was another school connected with the Bloomsbury Hospital, and I occupied the position of one of the lecturers in that school. Probably the talent brought into that school was not equal to the talent brought into the present School of Homœopathy, but we had had some experience, and the talent brought into that school was probably about the average talent we could muster in those days. What has become of that school? We all know what has become of it. It is dead. (Laughter.) With these examples of schools of homœopathy, which flourished for a time and then passed away, although they have done some good work, shall we now repeat the same experiment which has failed? No; I say let us take our stand as citizens, as men who will insist upon enjoying the privileges our country offers. Let us not exclude ourselves from the privilege we have a right to. Let us be bold for once and say "We are the representatives of true medicine." If you object that our school does not teach anatomy and botany, you object to what is beside the question. If we have a school of therapeutics we have a school which is a school of medicine. It is not a school of medicine *plus* the other sciences; it is a school of medicine, or, as Dr. Drysdale suggests, you may call it a medical school. Our decision to-day, although it may not be binding upon the directors of the London School of Homœopathy, if it is in favour of the catholic term "Medical School," will have an enormous effect upon the future of homœopathy. (Applause.)

Dr. HUGHES (London): I think, Sir, it is time we descended from the high and lofty considerations to which my friend, Dr. Dudgeon, has raised us, to the more practical question of whether we will change the name "School of Homœopathy," under which the institution has been working for the last six months in London. This school has been established, and a large amount of work has been done for it. Its establishment has been made known to our colleagues in all parts of the world, and has been hailed with gratification everywhere. We are asked now to alter the name under which it has been known during this time. We are not now discussing the preliminary question as to what name should be given to our infant just born, but whether the name should be altered—whether there are sufficiently weighty considerations to induce us to do that. We are asked to do it at a time when, what I must call, a certain unfortunate letter, animated by the best intentions but not couched in the most judicious language, has appeared—a letter which has already caused much anxiety on the part of our body. I venture to say that if at this time we were to alter the name to anything which would drop the term "homœopathy," we should give discouragement to all our friends, and encouragement to all our enemies. (Applause.) We should appear to be

giving countenance to the idea amongst our friends or our foes that we were false to our principles. Our colleagues abroad could not but consider us pusillanimous, if not disloyal. I believe that this is the view in which our action would be considered. (Cries of "No, No.") I submit that that is the view in which our action would be considered. But then comes the further question (I would not rest wholly upon this view) which is of no little importance—the further question, should we call it the London School of Homœopathy? or should we call it by any other name, "The London Medical School," or "The School of Therapeutics?" I think not, and for this reason. We have hitherto been driven to establish homœopathic journals, hospitals and societies, because we have been forbidden our rights to be represented in the old journals, hospitals and societies. We have called our journals *The British Journal of Homœopathy* and *The Monthly Homœopathic Review*; and now we call our school The London School of Homœopathy. Because we are not allowed to teach homœopathy in the halls, we are driven to teach it in The London School of Homœopathy; and the *onus probandi* lies on the other side if a change of policy is made. Now, the object of the School of Homœopathy is, as Dr. Bayes has well said, extra-academical. Although in the Edinburgh sense of the term it may not apply to our position, in the large general sense it does. Our object is not to get medical students to come and learn the *Materia Medica* with us, instead of in the schools with which they are affiliated. I believe it would be injurious to get them to do so. I believe it would be injurious to our cause to do so. Our object is to provide for men whose studies are nearly if not quite complete, homœopathic teaching; our object is to provide some means for their learning their work before they go forth to the practice of their profession. Therefore we do not wish that students should come to study the *Materia Medica* with us in the first instance. We hope by our name to get many more students of the kind we want than we should do by the proposed plan. It is argued that we should give up the distinctive name of the school, because we do not absolutely limit ourselves to teaching pure homœopathy there. But let me ask whether the officers of any homœopathic institution bind themselves entirely to homœopathic practice; do the officers of any homœopathic institution bind themselves not to give any kind of medicine but such as is homœopathic? (Applause.) I think not. By adopting the term homœopathy, they mean that homœopathy is to be the leading practice pursued; but if they find patients who cannot be benefited by anything else, they give them allopathy. I believe that our great object is to teach homœopathy in the school. When I say that I shall "neglect no known actions and uses of drugs," I do not mean that I shall

advise my students to follow them. My great object is to teach them the homœopathic action of drugs. Dr. Brown's great object is to tell them how to treat cases homœopathically. If he comes to a case that he cannot treat homœopathically he tells them so. Therefore, I maintain that the name of the school is justly applied. Consequently, the *onus probandi* being on the other side, why we should change our practice of calling our journals and societies by the name "homœopathic," I call upon gentlemen, seeing the serious consequences which might follow from the proposed change of front in the face of the enemy, I do call upon them, in the name of common sense and manly practice, to term our school what it is, and what we, as long as we continue to officiate it, intend it to be. (Applause.)

Dr. WOLSTON (Croydon): Mr. Chairman, I hope we are all equally interested in the progress of homœopathy, and in its progress and teaching; we are all equally interested that, for the time, the Homœopathic School of Medicine shall continue and be a prosperous and successful institution. My own idea is that calling it by the name London Homœopathic School is to blot it out. (Hear, hear.) In the interests of the School of Homœopathy, and for no other purpose, we have to consider whether it is desirable that the school shall have the title given to it "homœopathic;" I never went in for the name from the beginning as many others did: I myself proposed a name which I hoped might be a sort of compromise: I prefer the name suggested by Dr. Gibbs Blake, of the "School of Therapeutics:" What I object to is "The Homœopathic School of Medicine:" The only question with me is, according to an American expression, "Will the thing run?" I understand the object of our school is not to teach men who are already medical men; our object is to obtain students who are not qualified, and more than that, that we are to have the lectures recognised by such a body as the London University: My own feeling is this, and I have had some little experience, I affirm that it is the name which is the bugbear, and if we could get for the school a name which represented that which was taught there, students would be attracted to the school, and the university would recognise these lectures. We have to decide the question whether by adhering to the present name we do or do not further the interests of the school itself: My own opinion is, that to call it the School of Homœopathy is to put the school very soon out of the light altogether. (Hear, hear.) I believe there are many subscriptions that would flow into the school from persons of a more generally liberal disposition than if the institution were denominated the School of Homœopathy. A rose is a rose, whatever you call it; but I want the school to be progressive, and for my own part I think the retention of the name "homœopathy"

in connection with it would prevent many persons from coming to it. I don't want to surrender the name as applied to our journals or societies; I simply change the name of the school. As to the advantage or loss to the school by being called therapeutie, my own conviction is that I should serve the interests of our opponents against the school if I designated it the School of Homœopathy; on the other hand I think I should be serving the best interests of the school by eliminating the word "homœopathic;" call it therapeutie if you like, but leave out "homœopathic." (Applause.)

Dr. HEWAN: I vote most heartily for the amendment that it should be called the London School of Therapeutics. I think it is a great pity that the matter has been allowed to remain over so long. We have heard of the importance of recognition by the examining boards. We want to get the lectures recognised by the London University. Well, then, in order to do that you would require in the lectures to teach the whole of therapeutics, and if you could get a medical school established, by all means go in for that. If you could get a medical school established, with instruction in therapeutics, I would most strongly support it. We are not going, however, to establish a number of lectures. What we desire is, to teach therapeutics and the law of similars. I shall vote most readily that instead of its being called a Homœopathic School it be designated a School of Therapeutics. (Applause.)

Dr. BAYES (London): I will be as short as possible, and indeed I don't think I need be very long. I must say that before this meeting I was very much opposed to this agitation being continued, and many of our friends were very anxious that the name of the school having been given to the institution, we should have rest for two years, just to work the practical part of the whole matter. But, seeing that my opponents—as I may call them in a friendly way—had such a strong wish to bring the subject before the Congress, I think we have to thank them very much for keeping thoroughly to the point—not digressing in any way—and I will try to do the same. Now, my friend Dr. Moore, expressed a wish that whichever way the majority might go in this matter, the minority would yield to that decision. (Hear, hear.) But we are a standing illustration of the rights of minorities. We homœopathists have not gone with the majority, and I don't think Dr. Moore was quite correct in saying that whichever way the majority went the minority ought to go with it. The school has been founded, the funds have been given, lecturers have been appointed, and many of our opponents have told me that if they had had the appointment of lecturers themselves they could not have selected better men. (Applause.) Under these circumstances I think we cannot do better than leave matters as they are. We had no expectation that our lectures would be

recognised. We wish to teach what at present is not taught in the schools, and if that is well taught we have no doubt but that in a short time, by its own virtue—its own weight, it must be brought into the allopathic school. But, first, we must have no fear that what we teach is thoroughly good. First of all as to what is taught, I think its character commends itself very much to us. We teach homœopathy, and we call the institution a School of Homœopathy. The next point is, suppose that by sinking the title we could gain a few more students, I think this a chimera, a fool's paradise into which some have got. With regard to the suggestion that to call the school one of Homœopathy when other things are taught there, is dishonest, I admit that, at first sight, in a school of homœopathy, it appears reasonable that nothing else but homœopathy should be taught; but I contend that we have as much right to apply that title as Mr. Brassey has to call his yacht a steam yacht. Mr. Brassey went round the world in his yacht, though of the 52,000 miles he only steamed some 20,000 miles, yet nobody says he is not perfectly right in calling the vessel a steam yacht. Then, another question, which Dr. Drysdale has reminded me of, is recognition. In the first place, we don't want our lectures to be recognised. (Applause and cries of "Oh, oh.") I have had several letters from students, in which they say that if our lectures were recognised lectures, they would not come, because they say this, that unless you have a complete medical school they would not, if the lectures were recognised, come from their complete medical schools. They would be marked men. I have spoken to a good many, and they all say the same thing—that they would not attend our lectures in place of those at the old hospitals. They are willing enough to be taught, after they have obtained their degree, and some are brave enough to come before they have obtained their degree. I must also explain, in reference to Dr. Wyld's statement about the school, that we have not circulated 20,000 handbills, or any handbills at all.

Dr. WYLD: I beg to state that the statement was made in your house, and you did not contradict it.

Dr. BAYES: I may not have contradicted it, but it is, nevertheless, not the fact. It is something like the reports the public are receiving from the East of the number of killed. What we have done is to send out circulars to all in the London Medical Directory every year, which is about 3,600. As to Dr. Gibbs Blake's suggestion that the institution should be named the School of Therapeutics, that name is indefinite. Neither has the name proposed by our excellent friend, Dr. Moore, either appropriateness or definiteness, and as we have a name which is appropriate, definite and honest, I think we had better keep it. (Applause.)

Dr. DRURY (London) : I regret exceedingly that the discussion has taken place with reference to the school, because myself and some others very strongly dislike the way in which the institution was started. (A voice : The question. The question is the name of the school.) In regard to the name I am unwilling to give up the name "Homœopathy." I would be no party to the striking of the flag. I should greatly wish to see this vexed question settled by a compromise. Now, we have a name in connection with the London Homœopathic Hospital : I don't think any of us wish to say we are not homœopaths : I don't wish to say so, and I suggest that the institution be called the London Homœopathic Hospital and Medical School : I much prefer the word "medical" to the word "therapeutics." Therefore, if the word "homœopathy" in connection with the school were dropped, lectures might be announced on the homœopathic *Materia Medica*, or on homœopathy as applied in medicine. I am quite sure of this, that a homœopathic school will never be recognised, and I don't think it is desirable that any sectarian school should be recognised.

Dr. BLACK (London) : If I had remained silent it might be supposed that I agreed with Dr. Bayes and other members. My idea was that this was a great propaganda agent. If this School of Homœopathy is only to teach the few who have applied in past years, my idea is that we have spent a great deal of time unnecessarily : I believe the success of the school depends upon our getting for it a general name. I see nothing in the state of homœopathy and in the state of the period to favour the impression that men will come to examine more now than they have done in the last ten years. On the contrary, the men who come to homœopathy are those who seize the advantages of the system, and who will not expose themselves to the disadvantages which those who openly profess the system endure.

Dr. MOORE then replied on the discussion. He said : Though there has been a great deal said, there has been a very little said to the purpose. The point as to recognition has been set aside. I was quite surprised to hear several speakers, including Dr. Dyce Brown, who must take as deep an interest as any one of us in the matter, pass over that important part of the subject, because, it is, to my mind, certain you will never have a number of students unless homœopathy is part and parcel of their curriculum. We abandon the term "homœopathy," not to meet the wishes of our opponents, though we know it is an offensive term to them, but the subject of a homœopathic school narrows itself into this—if you continue your present name you will never be recognised, and the longer it remains the more it will be talked of, and the greater will be the opposition to it when it changes its name ; and change its name it must do. We must call it by a medical or some other name, and the sooner it is done the

better. As to the importance of recognition, I think this is just the time for that. The medical mind is waking up towards us—waking up to a sense of the injustice it has dealt out to us, and we should put ourselves in a position to be recognised. I think we shall lose a very great opportunity if we allow this one to pass. (Applause.)

Dr. HITCHMAN said that before this question was put, there was one important point he wished to notice, viz., What is our position with regard to the public? How are the public to distinguish in times of sickness if there should be no distinctive name for homœopathic practitioners? After making a few remarks on this topic,

The PRESIDENT said: This discussion has now extended over a couple of hours, and as my views on the matter are already sufficiently well known, it is unnecessary for me to say anything excepting this, that I have listened very attentively to what has been said this afternoon in favour of changing the name, and I must say that I have heard nothing calculated to alter my views. With regard to the question of the School of Medicine, I certainly think that if the teaching in Great Ormond Street were like the faculty of the Boston University, that of a complete school of medicine, it would be inappropriate to call the institution a School of Homœopathy, but, inasmuch as that term, as understood by the profession and the public, comprises not only therapeutics, "the supreme end"—as Sir Thomas Watson called it—of our existence as professional men, but the foundation upon which the practice of medicine rests, and as we do not profess to, and as we have not the opportunities for teaching the whole of medical science as taught at the present day, I think it would be incorrect to call the school a School of Medicine. We call it a School of Homœopathy because it is a School of Homœopathy. To that it has been objected that Dr. Dyce Brown, and others, direct attention to remedies other than those which are homœopathic, but if you teach homœopathy you must also point out those cases in which homœopathy cannot be applied. We all concede that homœopathy has its limits, and you must teach those limits. Then Dr. Cockburn, in his pamphlet, "No Sectarianism in Medicine," has said, "We don't establish chairs of Arminianism and Calvinism, but we establish chairs of theology." That is true, but, though the word "Arminianism" is not used, you establish chairs in colleges having sectarian titles. You have the Independent College, the Baptist College, and others. Then, again, Dr. Dudgeon referred to the comparative failure of the Hanover Street School of Medicine, and of that in Bloomsbury Square, of which he was a distinguished ornament, and where he produced a well-known and valuable series of lectures on homœopathy. Those schools flourished at

a time when the feeling with regard to homœopathy was very different from what it is at the present day. The bitterness against it has been very much mellowed. Therefore I do not see why the failures of these schools should influence us at the present time; neither do I see that their failure was in any way due to their being known as homœopathic. These are the points I wish to draw attention to, and I hope this meeting will sanction the action of the governors and subscribers to the London School of Homœopathy in having given it that name. Dr. Gibbs Blake wishes to withdraw his amendment.

After some discussion on points of order, the **PRESIDENT** put the amendment moved by Dr. Nankivell. On the return being made it was found that 45 had voted in favour of the amendment, and 14 against it.

Dr. **MOORE** then withdrew the second resolution to the effect that the Congress recommend that the title should be the Bloomsbury School of Medicine. Dr. **DRURY** had an amendment to the effect that the Institution be known as the London Homœopathic Hospital and Medical School. Notwithstanding the determination the Congress had expressed to retain the existing name for the School, Dr. Drury requested that his amendment—now become by the withdrawal of Dr. Moore's second motion, a substantive motion—be put. It was so, and lost by a large majority.

Mr. PROCTER: Before you go to the next business, will you allow me one word. This matter has been settled for some time to come, and as there has been a proper discussion of it, I hope that as loyal subjects, the minority will consent to be guided by the majority. It is to be hoped that the minority will fall in with the prevalent tone of mind and give their hearty assistance to the School. (Hear, hear, and applause.)

Dr. **EDWARD BLAKE** (Reigate) then read a paper on *Pulmonary Emphysema*, which, together with the discussion on it, we hope to publish *in extenso* in our next.

Dr. **HUGHES** then read the following report of the committee appointed at the last Congress, to make arrangements for holding a "World's Convention" in London, in 1881.

Your Committee beg to report that they have had several meetings, and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress:—

"**SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.**

"1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the annual British

Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at liberty to elect honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

"8. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain; the approximate amount to be expected from each to be named as the time draws near.

"4. That the expenses of printing the Transactions be detracted by a subscription from all who desire to possess a copy of the volume.

"5. That the Convention shall be open to all medical men qualified to practise in their own country.

"6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, shall be introduced by someone known to them, or shall bring letters credential from some homœopathic society, or other recognised representative of the system.

"(a) That members of the Convention as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

"7. That the Committee be authorised to enter into communication with physicians at home and abroad to obtain—

"(a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last reports were drawn up.

"(b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the Transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

"8. That all essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

"9. That the approved essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

"10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

"11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

"12. That the order of the essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

"13. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

"14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

"15. That, as at the first Convention, the subjects of the essays and discussions shall be—

"(a.) The Institutes of Homoeopathy.

"(b.) Materia Medica.

"(c.) Practical Medicine.

"(d.) Surgical Therapeutics, including diseases of the eye and ear.

"(e.) Gynæcology."

The adoption of the report, moved by Dr. HUGHES and seconded by Dr. BAYES, was then carried unanimously. The Committee was also re-appointed.

The following report of the Hahnemann Publishing Society was read, and its adoption moved, by Dr. HAYWARD.

"The annual meeting of this Society was held at Liverpool, September 12th, 1877, Dr. Drysdale in the chair, in the absence of the President, Dr. R. Hughes.

"Present: Drs. Drysdale, Black, Dudgeon, Hayward, Bayes, Bryce, Blackley, J. G. Blackley, Mahoney, J. G. Blake, E. T. Blake, Skinner, A. C. Clifton, G. Clifton, Moore, Hawkes, and Harris.

"After reading the notice calling the meeting, and the minutes of the previous annual meeting, the hon. secretary read the report of the operations for the year ending August 31st, 1877, in which it was stated that fifteen new members had joined during the year, of which six were American and one Australian; that no member had resigned, but two—Dr. W. Hering and Dr. Slack—had died; and that the total number of members now was 106. That the sum received in subscriptions was £28 19s. 0d., for books sold £1 5s. 0d., and for bank interest £1 10s. 0d., making a total of receipts of £31 14s. 0d. That there had been paid for postage and carriage of letters and books, &c., £1 17s. 11d.; for two parts of the Repertory, 8s.; and to Mr. Turner for Repertories supplied to members, £15 8s. 4d.; making a total of payments of £18 8s. 3d.; and leaving a balance on the year in favour of the society of £18 5s. 9d.; which, with £65 8s. 6d. balance remaining last year, makes a total of £78 14s. 8d. as the present funds of the Society. Fourteen copies of Part I. of the *Materia Medica*, fourteen copies of

Part II., and sixteen of Part III. had been disposed of during the year; eight copies of the Encyclopædia and eleven and a half sets of the Repertory; showing an increased appreciation of the publications of the society. Sixty copies of the Encyclopædia remaining in the hands of Dr. Dudgeon, unknown to the secretary, had been sent in; so that there are sixty-six copies on hand. A large number of the circulars referred to in the last annual report had been posted to North America and South America, and some to Australia, New Zealand, Germany, France, Belgium, and India; and it has been published in nearly all the North American homœopathic periodicals.

“Dr. Dudgeon has finished the supplement to chapters Disposition, Mind, and Head of the Repertory, and it is now in the hands of the printer. Dr. Clauber, of Mentone, has promised to arrange the symptoms of a medicine for the *Materia Medica*; Dr. Burnett is assisting Dr. Drysdale in the General chapter of the Repertory; and Dr. E. T. Blake assisting Dr. Black in the Therapeutic part. The other workers are continuing their labours: Dr. Galloway having nearly finished the arrangements of the symptoms of *Natrum Muraticum*; and Dr. Hayward having made progress with that of *Orotalus*; and Drs. Simpson and A. C. Clifton with the chapters of the Repertory they have undertaken. Drs. Drysdale and J. G. Blake are engaged on Rheumatic Fever, Dr. Drysdale on Gout, and Drs. Black and E. T. Blake on Inflammation and Dropsy for the Therapeutic part.

“After some discussion it was agreed that the Society should accede to the president's proposal to bring out a new translation of Hahnemann's *Materia Medica Pura*, including his Introductions and Notes.

“In view of Mr. Turner's giving up business it was agreed to make him an offer for the purchase of the remaining copies of the Repertory, the price not to exceed £10—Dr. E. T. Blake undertaking the negotiation.

“The various officers and committees were re-appointed, Dr. E. T. Blake being added to the Therapeutic Committee; and it was agreed to hold the next annual meeting at the time and place of the meeting of the next Congress, or of the annual assembly of the British Homœopathic Society.”

In seconding it Dr. HUGHES said that he desired to enlist the sympathies of the Congress in behalf of the translation of the volumes on chronic diseases, in conjunction with another, who, although not so good a German scholar, has a better knowledge of the *Materia Medica* generally. I shall be glad if any gentleman willing to engage in this work will communicate with Dr. Hayward.

The resolution was carried unanimously.

The place of meeting next year was, on the motion of Dr. BLACK, seconded by Dr. GIBBS BLAKE, fixed in favour of Leicester. The meeting was arranged to take place on the fourth Thursday in September.

Dr. GIBBS BLAKE was then elected President, and Dr. ARTHUR CLIFTON, Northampton, Vice-President.

Dr. HUXLEY was elected General, and Dr. GEORGE CLIFTON Local Secretary.

Dr. EDWARD MADDEN was elected Treasurer.

Owing to the lateness of the hour it was impossible to hear the paper of which Dr. SKINNER had given notice, and the proceedings were closed.

Dr. SKINNER, in another room, very kindly exhibited to the members of the Congress an apparatus devised for the purpose of making dilutions a million and a hundred million times. He illustrated his views of the value of high dilutions by relating some remarkable cases of recovery in which medicines in this form had been used.

THE ANNUAL DINNER.

At six o'clock in the evening the members and their friends dined together at the Adelphi Hotel. The PRESIDENT occupied the chair, the vice-chair being taken by Dr. MOORE.

After dinner the PRESIDENT proposed the customary loyal toasts.

In giving the health of Her Majesty the Queen, the PRESIDENT said: In every assembly of the people of these realms there is no toast more heartily responded to, and none that deserves a more hearty response, than that of Her Most Gracious Majesty, our Queen. (Applause.) Gentlemen, I ask you to drink to this toast, not as to the health of the first lady of the land merely, but as to the health of one who, during forty years reign over us, has, by an exemplary life, won the affection and devotion of every member of the British family, and the respect of the whole civilised world. "The Queen; may God bless her." (Applause.)

The next toast was that of "The Prince and Princess of Wales, and the rest of the Royal Family."

The PRESIDENT: I ask you to again charge your glasses to a loyal toast, and to drink to the health of "The Prince and Princess of Wales and the rest of the Royal Family." The Prince and his most estimable wife are well known to every Englishman. By their kindness, affability, generosity, and their readiness to take part in every national work they have won the esteem of all of us. Of all the royal family it may be truly said that none are more respected throughout the whole country than its members are. (Cheers.)

The PRESIDENT: I ask you to drink to the health of our "Navy, our Army, and our Reserve Forces." While we all earnestly

pray that the blessings of peace may be preserved to our country, with a barbarously-conducted and cruel war raging in the east of Europe, it is impossible for anyone to tell how soon we may be compelled to draw upon the courage of our army, and navy, and our reserve forces, to defend the interests of our country—interests which Mr. Roebuck the other day said are the interests of the world. But of this we know full well that whenever we may be so compelled, they will be able to give an eminently satisfactory account of any enemy they may be called to meet. (Cheers.) With this toast I have very great pleasure in coupling the name of Mr. RAWLINS, a volunteer (applause), who briefly replied.

The PRESIDENT: I will now ask your to drink to a toast which has never been forgotten, and I trust never will be forgotten, at any of our annual gatherings. We are bound in honour ever to hold in remembrance our benefactors. There is no profession which can display so great a roll of benefactors to the human race as can the profession of medicine. Wherever personal risk to life exists, there you will find the physician and the surgeon. Be it in the typhus-tainted air of the hospital, amid the panic-stricken crowd of the victims of cholera, or on the battle-field—with the death-dealing bullet whizzing, and the still more destructive shell bursting around them, there you will see the physician and the surgeon coolly, earnestly, and scientifically endeavouring to mitigate the horrors wrought by disease, and those provoked by the worst of human passions. (Applause.) Not less are we indebted to those who, in the study and the laboratory reflecting on the observations of daily practice, seek to benefit their fellow-creatures. Conspicuous among these will ever stand the name of Samuel Hahnemann—conspicuous, because of all discoveries in therapeutics, his has been the most practical, his the most fruitful. It is the fashion somewhat to depreciate the character of Hahnemann; to dwell upon his dogmatism, to dissect out his errors, to expose the fallacies into which he was betrayed; but, to my thinking, however much we may regret these spots upon the great luminary of therapeutics, they all sink into insignificance when compared with the great work which he accomplished—the learning which he brought to bear upon that work, and all he has done to advance the science of medicine. Hahnemann has by some been sneered at as an enthusiast. Yes, gentlemen, he was an enthusiast; and who but an enthusiast would have endured what he endured, laboured as he laboured, or have accomplished what he accomplished. Gentlemen, we may be thankful that Hahnemann was an enthusiast. Had he been tinctured with lukewarmness, homœopathy would not have been recognised as it is recognised to-day. I ask you to remember Hahnemann, to think lightly of his human tendency to err, to

think much of what we all owe to him. And now let us drink in solemn silence to "the memory of Hahnemann."

The toast was drunk in solemn silence.

The PRESIDENT: Gentlemen, I will now call upon Dr. BAYES to give us a toast. (Applause.)

Dr. BAYES: Gentlemen, I have to propose the toast of "Literature," associated with the name of Mr. Russell. Literature has sometimes been at a discount, but I think I have the satisfaction of congratulating Mr. Russell on being attached to a kind of literature which is becoming more and more popular. It is perfectly certain that we owe a great deal to the ephemeral literature of the day, and the world generally owes a great deal to it, for were it not for the daily papers this war in the East would have been more bloodthirsty than it is. Were it not for the press, I am quite sure that a very large amount of suffering—a very much greater amount of suffering—would prevail than there is at the present time. (Applause.) Not only so, but to the literature of the daily press we, as homœopaths, owe an enormous deal, for, had it not been for the general press, the medical press would have stamped us out. (Applause.) We have had the advantage of appealing on more than one occasion through the general press to the public, when we could not possibly have reached the same sources through the medical papers, and we have often been, as it were, sustained by the sympathy and the general support that we have received from daily, weekly, and monthly periodicals of a general character. Now, Gentlemen, under those circumstances I think that we shall all drink with very great pleasure the toast of "Literature," coupled with the name of Mr. Russell, who, I understand, represents one of the chief newspapers in this town. (Applause.)

Mr. E. R. RUSSELL (of the *Liverpool Daily Post*) responded. He said:—"The press, gentlemen, I think may claim the credit which has been paid to it by Dr. Bayes, of being an open tribune in this country for the discussion of all subjects. We claim for the public good to be an open tribune in which may be discussed a subject which, from its extreme technicality, would be kept out of ordinary publications, and I think it is only just to say that the moot question between homœopathy and the ordinary form of medicine has been greatly served by the press of this country; that the press is free at all times to admit, without prepossession, and to admit without forming beforehand an opinion upon matters which really ought to be left to discussion, subjects which can only reach certainty and truth from the free contact and intercourse of minds. (Applause.) For my own part I may say we have had in Liverpool, from what I have myself observed, as much discussion on the subject of homœopathy and the other

form of medicine as has occurred in any town—(hear hear)—and it is a mere fact for me to say that it has been of great interest to the general public. I know that in other parts of England journalists would testify in the same manner that the subject is one having the liveliest interest for the public, and one which they are very anxious to see more and more discussed, and I think that is particularly the case at the present moment. Within the last few months it has been presented in a form in which it has been better appreciated by the public. There has previously been a certain amount of mystery about it, and I am sure that wherever the truth lies, the truth will be served by clear definitions being placed before the public in the public press, either with those who hold to the old system or the new, or to the two schools into which to a certain extent your body is divided. I thank you for the compliment you have paid me, and I hope that not only your cause but every good cause will be served by the press. (Applause.)

Dr. CLIFTON (Leicester): Mr. President and gentlemen, it is my pleasing duty to have to propose "Success and prosperity to the homœopathic hospitals and dispensaries of this country." It gives me great pleasure to do this in a town like Liverpool, which has been celebrated for its homœopathic charities; and from the letter we have heard read to-day from Mr. Grayson, we see what homœopathy has done, what homœopathy can do and will do. I am sure that we, as homœopathic medical men, owe very much of our success, both in study and practice, to our connection with homœopathic hospitals and dispensaries. But turning from Liverpool, I am sure I cannot touch upon the subject of my toast without speaking very strongly as to the homœopathic hospital in Great Ormond Street, and the societies that are connected with it. I am sure that with regard to that hospital the Official Manager (Mr. Chambre), who is present, will speak powerfully, as I shall ask him to respond on behalf of that hospital; but I am sure that to that hospital, and the societies connected with it, we owe very much of our position as homœopaths. I now ask you to drink "Success to the London Homœopathic Hospital and all the Homœopathic Hospitals of the country." Mr. Chambre and Mr. Dismore will respond to this toast. (Applause.)

Mr. CHAMBRE: Mr. Chairman and gentlemen, I am sure I am very glad that an opportunity has occurred for me to respond to this toast, not because I boast of oratorical powers which will attract you, but because it has brought me down to Liverpool amongst a number of gentlemen who sympathise with that branch of medicine which for twenty-five years has been my pet fancy. It has been my great pleasure to make your acquaintance, and if I have not had the advantage of speaking to you all, it has simply arisen from want of time. When you look at me you must take

it that you know me, and if you look upon me as the Official Manager of the London Homœopathic Hospital, who sends you bits of paper from Great Ormond Street, you will regard me with some attention. (Laughter and applause.) As regards the London Homœopathic Hospital in Great Ormond Street, the storms I hope are now passed, and what has occurred to day I trust will make matters more smooth in that hospital, which I hope will henceforth meet with warm support, not only from medical men in London, but from those in the country. It is a national institution, and it is my wish, if God spares me, to make that hospital increasingly successful. I might say, *en passant*, that any information you may wish for I shall be happy to give you if you will address me. We are training a staff of highly efficient nurses, than whom no better can be found in London or elsewhere, and we hope that in time the public will secure their services, as that will be a source of revenue to the hospital. I have already told you that I am a thorough homœopathist. I believe most firmly in homœopathic principles and homœopathic treatment. At the same time, there is one malady which can only be treated by allopathic doses; that is a malady from which our hospital suffers, and it is one from which not only the hospital, but many people are suffering, viz., a want of funds. (Laughter.) But gentlemen, after all homœopathy is triumphant. *Similia similibus curantur!* Give me money and we shall be cured! (Renewed laughter.) I am prepared from this time forward to receive little pieces of paper which are called cheques. Give me funds, and, by all means, send up patients. Our revenue, I should state, is not equal to the expenditure. We shall endeavour to reduce the expenses, wherever it is possible, within the narrowest limits, but I am afraid that, without further funds, we shall always have a deficit; I therefore must look to you kindly to take the hospital under your care. If you would allow me, I should like to put all your names down as subscribers, and to be assured not only that you would personally subscribe, but that you would get subscriptions from your patients. I must apologise for detaining you so long, but I am now advocating homœopathy on an occasion which is very rare, because it is unusual to find so many supporters of homœopathy gathered together. By adopting the suggestion I have offered, you will be practically advocating that branch of medicine which is so dear to you; therefore, I beg of you from this time forth to give your support to the hospital. There is a circumstance I ought to mention, because it is exceedingly important. A short time since I had the pleasure of seeing Dr. Hamilton, of London, and he authorised me to say that, now that all little matters under discussion had been concluded, he would be prepared, if a certain number of other medical gentlemen would do the same, to

bring £25 a year to the funds of the hospital; of course, if he could obtain more he would do so. I shall, therefore, be very glad to find a number of medical practitioners who will authorise me to add their names to the list, as undertaking to bring not less than £25 a year to the funds of the hospital. (Applause.)

Mr. DISMORE, of Liverpool, in acknowledging the toast, said:—For some years I have been placed on the committee of the Liverpool homœopathic dispensaries, and I think we have worked them up very successfully. We have now somewhere about 1,200 patients at the two dispensaries—the north and the south; I don't know what the numbers are at the branch dispensaries, but I think they don't exceed that number. No doubt, as the Official Manager of the London Homœopathic Hospital tells you, more might be done if he had greater funds. That is so in Liverpool, and we are limited by means. No doubt funds are the mainstay of institutions, and I must rather demur to all the subscriptions going to Great Ormond Street, as we are very much in want of funds for the Liverpool homœopathic institutions. Gentlemen, on behalf of the committee of the homœopathic dispensaries of Liverpool, I beg to thank you for the honour you have done them by drinking the toast, and I can assure you that to the best of our ability we endeavour to promote the success of the important institution with which we are connected.

Dr. DYCE BROWN, in proposing the next toast, said: Mr. President, I have very great pleasure in proposing the toast of "The authors of papers" to-day. I think you will all agree that the meeting to-day has been a great success, not only on account of the large numbers present, but on account of the important business transacted, and last, but not least, on account of the valuable papers that have been read. I am sure you will think that we are indebted to the gentlemen who have read these interesting papers, and, with the toast of "The authors of the papers," I beg to couple the name of Dr. Edward Blake. (Applause.)

Dr. EDWARD BLAKE then briefly responded.

Dr. HUGHES: The pleasure has fallen to my lot this evening to ask you to drink the health of our visitors. There are two classes of visitors. In the first place they come from the ranks of our foreign colleagues. Homœopathy is no longer confined within a limited circle; it is world-wide, it has representatives in every part of the globe. To-day we have with us Dr. Arnulfi, of Nice. I am sure we wish prosperity to him, and drink health to himself and his family. Visitors come to these meetings, thus showing that we are doing a good work, and that they desire to co-operate with us. (Applause.) With this toast I desire to associate the names of Dr. Arnulfi and Mr. Jackson—the latter

connected, like Mr. Russell, with the newspaper press, has always been favourable to homœopathic principles and literature. (Applause.)

Dr. ARNULFI: Mr. Chairman and gentlemen, I am only sorry I cannot adequately express the deep gratitude I feel for the hospitality of your Congress. I rise to say that I express the feelings of the most prominent medical men in France—(applause)—and that they regard the progress of homœopathy in England with great interest and sympathy. I am very happy to drink the health of the supporters of medical truth in the most hospitable country in the world.

Mr. JACKSON (Liverpool) also responded. He said: If it were not that I felt it an honour to have my name in any way associated with the proceedings of this evening, I might have shrunk from responding to the toast you have received. Had Dr. Hughes been a Liverpool man he would have shrunk from connecting me with a paper. It is only a few days since that the paper with which I am remotely connected was called a paper which no respectable person reads, but to you who have a knowledge of expressions of that kind, perhaps it will not have the damaging effect which it might otherwise have. Wherever a body of men or a body of type-setters take into their hands what are considered unorthodox opinions that body of men or type-setters will be considered unrespectable. Homœopathy has been supposed to be a form of medicine that no respectable person would adopt. Well, gentlemen, homœopathy has grown, and I trust that before long the newspaper which has been recently assailed will gain the same position. (Applause.)

Dr. WYLD proposed "The Health of our General Secretary, the Local Secretary, and Treasurer." In doing so he spoke of the debt of gratitude we owed to the Secretaries and Treasurer for the successful meeting we had had. (Applause.)

Dr. GIBBS BLAKE and Dr. HAWKES responded.

Dr. NANKIVELL said: There is one toast which has not yet this evening been proposed, and it therefore gives me great pleasure in asking you to drink it. It is "The Health of the President of the Homœopathic Congress" for the year 1877. It has been my privilege to attend a good few of the congresses since they were recommenced, and all I can say is they have been extremely pleasant meetings, and many friends have gathered together, but I don't remember ever having seen such a good roomfull as we have had here to-day, and I don't remember hearing a paper such as was read to us this morning. I trust there will always be those who will thus guide us as homœopathic practitioners. I will not, at this late hour, say anything further, but propose the health of the President for the past year. (Applause.)

The PRESIDENT: Gentlemen, I thank you with all my heart for

the very kind and cordial manner in which you have received the toast proposed by my friend Dr. Herbert Nankivell. I can assure you that the position I have occupied to-day I have felt to have been a very high honour. It gave me great pleasure to be able to address you this morning; it has given me pleasure to see so many gathered round these tables to-night, and it affords me still greater pleasure to witness the real, thorough and firm faith and trust which those who have practised homœopathy—who know what it really is—have exhibited in it. (Hear, hear.) I am greatly obliged to you, far more than I can at all express, for your kindness in honouring my name this evening. We meet next year, gentlemen, in Leicester. We go from the West side to the Midlands, and I have no doubt we shall meet with a very good reception. The town is one of very easy access. We shall have on that occasion in the chair my friend, Dr. Gibbs Blake. (Applause.) To Dr. Gibbs Blake's energy and work we owe very much indeed of the success of each of the congresses we have held during the last few years. (Applause.) It was mainly to Dr. Blake and Mr. Fraser, of Hull, that we owe the revival of these meetings. And now on the next occasion we shall have in the chair Dr. Gibbs Blake, a gentleman who is as much respected by his professional brethren, of all shades of opinion, in Birmingham, as he is by those who agree with him in therapeutics. I conclude by asking you to drink most heartily to the health of the President for the ensuing year, Dr. Gibbs Blake. (Applause.)

Dr. GIBBS BLAKE: Two healths in one evening, gentlemen, are more than I can respond to; I think it is too much for any man. (Laughter.) I really cannot find words to express the honour that I feel in being called upon to respond to such a toast as that proposed by our President. Perhaps this may be a fitting opportunity to tell some of our friends here of the condition of things that now exist in the towns of the Midlands. Curiously enough I was pressed for the lecture which I have sent to most of my friends around me. I wrote it almost under pressure. For many months past I have been called upon—ever since that discussion two years before at the Medical Institute—I have been asked to make a statement of what our views in regard to the question of homœopathy really were, and that was the reason why I gave that lecture. I was very pleased to see amongst the audience the senior physician of one of the hospitals and members of the staff of other hospitals, and I know it will be pleasing to you to hear that I had twenty-five allopathic doctors to hear that address, and that more than that number expressed their regret they were unable to come. Again, others wrote asking what books they should read and for other information, and others acknowledged that they were enlightened upon a

subject of which they knew very little; all the information they had was derived from the pages of the *Lancet*, and that had been false information. Many members of the medical profession in Birmingham feel that the press exercises a tyranny which they are not at all tolerant of. Many who were present at my lecture were not sympathetic with our views, but they came because they thought it necessary to endeavour to protest against repression of freedom of opinion. That is the question that has been taken up. It is freedom of opinion; not the truth of homœopathy. And I think that is the question we ought to bring forward—Are we to think and act according to our experience, or are we to think and act as the *Lancet* bids us; Gentlemen, I thank you. (Applause.)

The proceedings were then brought to a close.

NOTABILIA.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE introductory lecture at this Institution will be delivered to-morrow afternoon (October 2nd), by Dr. HUGHES at the Hospital in Great Ormond Street, at 5 p.m.

During the winter session Dr. Hughes will lecture every Monday and Thursday afternoon, at five o'clock, on *Materia Medica*.

Dr. DYCE BROWN, every Tuesday and Friday, at the same hour, on the *Practice of Medicine*.

The medical wards are visited, and clinical instruction is given by Dr. GALLEY BLACKLEY, every Monday and Thursday, at three p.m.; and by Dr. DYCE BROWN, every Wednesday and Saturday, at three p.m.

The surgical ward is visited, and clinical instruction given by Dr. JAMES JONES, on Tuesdays, at half-past three in the afternoon.

Full particulars regarding the courses of lectures and the regulations of the School may be obtained from Dr. BAYES, the Honorary Secretary, or Captain MAYCOCK, the Secretary, at 4, Granville Place, Portman Square.

LONDON HOMŒOPATHIC HOSPITAL.

WE understand that Dr. DEURY has resigned his appointment as one of the physicians at this institution.

The Board of Management has recently appointed J. C. HUXLEY, M.B., and Ch.M. of the University of Aberdeen, as Assistant House-surgeon.

The Return of Patients admitted to the London Homœopathic Hospital during the two months ending September 20th, gives the following statistics :—

Remaining in Hospital July 19th, 1877	51
Admitted between that date and September 20th	70
	—
	121
Discharged between July 19th and Sept. 20th ...	76
	—
Remaining in Hospital, September 20th, 1877 ...	45
	—
The number of New Out-Patients during the above time has been	854
The total number of Out-Patients' attendances for the same period has been	2,590

THE HAHNEMANN CONVALESCENT HOME.

WE are much pleased to learn, that through the energy of Drs. Nankivell and Hardy, of Bournemouth, a Convalescent Home for consumptive and other patients, is about to be erected at Bournemouth. At present there is no such institution where patients can receive the advantages of homœopathic treatment, and the want is greatly felt. It is intended for three classes of patients: 1, for consumptive patients, who have a prospect of cure or decided improvement by a residence for a time at Bournemouth; 2, for other convalescent cases of a non-infectious character; and 3, for any acute non-infectious cases which may occur in the practice of the Bournemouth Homœopathic Dispensary.

Such an undertaking is of very great importance, since many cases among the poorer classes die in our large towns for want of the advantages of that change to a mild climate during winter, which the upper classes can command. No scheme is fitted to call forth more sympathy and support, and we are sure it will appeal to the charitable feelings of all who know the advantages of homœopathic treatment in such cases. A site has been obtained on the West Cliff, the plans are all ready, and operations are only delayed till sufficient funds are forthcoming. The building will cost £2,100, and it is deemed advisable not to proceed till £1,000 are in hand. Already nearly £500 have been raised, and we cordially trust that the rest will soon be obtained. We commend the scheme to our readers, as one whose results will amply repay their liberality.

Subscriptions will be received by Dr. Nankivell, Penmellyn, by Dr. Hardy, 1, Sturt Villas, or by Wm. Impey, the Hon. Secretary, at Bournemouth.

MATLOCK HOUSE SANATORIUM, MATLOCK BRIDGE.

THIS establishment is situated at a high elevation in one of the most picturesque parts of Derbyshire. During the past summer we have had an opportunity of carefully examining the arrangements made in it for the advantage of invalids, and of them we have formed a high opinion. Especial attention has been directed to secure a full and free ventilation with a constant change of air in the passages and rooms. During cold weather the air before pervading the building is thoroughly heated, so as to secure a uniform temperature in every part. In the coldest weather it is, therefore, possible to provide an equable temperature in all the rooms and passages. How great the importance of such a provision is for the comfort of patients, it is needless for us to point out. But what is of interest is, that with such arrangements it is possible for persons suffering from bronchitis, and similar disorders of the respiratory apparatus, to pass a winter in a climate where the outer air is dry and bracing, and where, on fine days, they can derive the advantages which accrue therefrom, and avoid the depressing effects of an atmosphere which, though warm, is at the same time relaxing. That the existing arrangements are susceptible of still further improvements is admitted, and the enterprising proprietor is fully alive to their necessity, and equally determined to carry them out.

The baths are many and various, and appeared to be all in good working order, while the attention bestowed on the dietary, the amusements, and comforts of invalids and visitors is unremitting. The Resident Physician, Dr. Murray, is thoroughly devoted to his work, and will, we are sure, gladly co-operate with any medical man who may desire to send a patient to a well regulated establishment, in a healthy and re-invigorating climate.

CHLORAL AND CHLORALUM.

IN some recent numbers of our *Review*, cases of urticaria have been recorded by Drs. Clifton and Burnett as treated by chloralum. This is the name adopted by Allen and others as the technical appellation for chloral, or chloral-hydrate, but as another substance, employed popularly as a disinfectant, is sold under the name of chloralum, it has been suggested to us that some mistake may arise from the adoption of the term chloralum for chloral-hydrate. We beg, therefore, to point out to our readers that the remedy in urticaria is chloral-hydrate, and not the disinfectant known as chloralum, the composition of which is entirely different, and is, we believe, an impure chloride of aluminium. It may be well to suggest that henceforth authors

of papers, when speaking of chloral-hydrate, should either retain that name to prevent mistake, or, if they wish to put the name chloralum for it, chloral-hydrate should be added in brackets, thus, "Chloralum (chloral-hydrate)."

BRITISH HOMŒOPATHIC SOCIETY.

THE first ordinary meeting of this Society will take place on Thursday, the 4th of October, 1877, at seven o'clock. A paper will be read by Dr. Wheeler, of London, entitled, "*On Salicylate of Soda: its Action in Acute Rheumatism, with Cases.*"

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I shall feel obliged if you will permit me space for a few lines by way of reply to some comments that have been made privately to me on the apparent discrepancy between my remarks and my vote at the Congress last Thursday.

Let me premise by stating that I am one of those who from the first declared that the medical profession is in no need of a new medical school; while it is notorious that it stands woefully bemoaning its want of knowledge of the proper application of drugs. To supply this defect a "School of Homœopathy" has been established. It is confessed, however, by most men, and admitted by the present lecturers themselves at the school, that the application of drugs by the law of similars, though the best guide-law known, will not cover all cases of disease, and that it is necessary to be acquainted with "the history AND ALL KNOWN ACTIONS AND USES of the substances employed in medicine." Obviously, therefore, the title of the school should be one setting forth a broader basis and signification, with its complete and distinctive purpose indicated in its name. It was with a view to this that I joined with others in soliciting a general meeting some months ago, at which the title and other kindred subjects might be fairly discussed. That meeting for the reasons given did not take place. To my delight and surprise, at the Congress Dr. Gibbs Blake's amendment, to call the school "School of Therapeutics," was put forward. Similarly, at the last meeting of the British Homœopathic Society I concluded some remarks I then made by suggesting that we should show that we occupy broader ground, and call ourselves instead British *Therapeutic* Society. Accordingly I hailed Dr. Gibbs Blake's amendment as representing my views, and I heartily supported it. But to my dismay and disappointment he as suddenly withdrew that amendment.

My alternative then was to vote consistently for something distinctive, or not to vote at all. I voted for "School of Homœopathy." Now in a school where the application of drugs in disease by the law of similars is the avowed and main feature of the teaching, this title may be appropriate enough, even although reference be made to their other actions and uses. Nevertheless there are many reasons, of which the following are important, why a *broader and more general name* might with advantage be substituted; and although for the present the subject is happily at rest, I have no doubt that in the course of events these reasons will appear more and more urgent, become operative, and thus the lectures come to be recognised, and even commended by the Examining Boards.

1.—(Quoting from the prospectus of the school.)—The lectures on *Materia Medica* will embrace the history and *all known actions and uses* of the substances "employed in medicine;" not wholly homœopathic therefore.

2.—We are unquestionably anxious that the knowledge of the proper applications of these substances, as means of cure, should be most widely known.

3.—To arrive at this we must avoid every obstacle, while we do all we can otherwise in order to attract students as well as practitioners of medicine to the lectures, without bias or prejudice of any unfavourable kind whatever.

4.—As men having the highest scientific object in view, and the best interests of the medical profession at heart, we are anxious to emerge from all appearance of sectarianism, and to stand on the broad and inviting platform of medical culture and progress.

Last, though not least, we are concerned for the public well-being.

I am, Gentlemen,

Your obedient Servant,

ARCHIBALD HEWAN, M.D.

Chester Square, S.W.,

September 17th, 1877.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

We have to express our regret at having been unable to publish several letters and papers which have been sent to us, in consequence of the lengthy report of the Congress. They will appear, we trust, next month.

Dr. DRUMMOND.—We much regret having, at the last moment, been obliged to postpone the publication of your letter.

Dr. BATES has requested us to state that owing to his having been from home letters from the following gentlemen, expressing a wish that the name of the School should continue as it is, only reached him after the Congress: Dr. HARMAR SMITH, Dr. DE NOE WALKER, Mr. ROWBOTHAM, Mr. H. ROBERTSON, Dr. CLARK, Dr. HASTINGS, Mr. MABERLEY, Dr. CHURCHILL, and Dr. BUCK.

Mr. PRITCHARD, Bristol—We have heard with much pleasure that Mr. Pritchard, who has long been laid aside by illness, has been able to recommence practice,

Dr. BLACKLEY is thanked for his notice of Dr. Grauvogel. We shall hope to print it next month.

Letters, &c., have been received from Dr. BATES, Dr. DUDGEON, Dr. DRURY, Dr. WYLD, Dr. HEWAN, Dr. D. ALABONE, Mr. COWLAND, Mr. CHAMBER, London; Dr. GIBBS BLAKE, Birmingham; Dr. MASSEY, San Remo; Dr. H. M. PAINE, Albany, U.S.; Mr. THOMPSON, Mr. BAKER, Dr. HAWKES, Dr. DRYSDALE, Liverpool; Mr. PRITCHARD, Bristol.

BOOKS RECEIVED.

Contagious Diseases. Their History, Anatomy, Pathology and Treatment. By W. Morgan, M.D., &c. London: Homœopathic Publishing Company, 1877.

The Medical Examiner. September.

The Homœopathic World. September.

The Chemist and Druggist. September.

Trade Marks. September.

University of Michigan. Third annual announcement.

The Calcutta Journal of Medicine. Dec., 1876, to Feb., 1877.

The Hahnemannian Monthly. Aug. and Sept. Philadelphia.

Sixth Annual Report of the New York State Homœopathic Asylum for the Insane.

The New England Medical Gazette. Sept. Boston.

The U.S. Medical Investigator. Aug. Chicago.

The American Homœopathist. New York.

The Cincinnati Advance. August.

L'Art Médical. Sept. Paris.

Bibliothèque Homœopathique. Aug. Paris.

Revue Homœopathique Belge. Aug. Paris.

El Criterio Medico. Aug. Madrid.

Rivista Omiopatica. Aug. Rome.

Allgemeine Hom. Zeitung. Sept. Leipsic.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORB, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

IN another part of our *Review* appears a letter from Professor TALBOT, of the Boston University School of Medicine, to the Honorary Secretary of the London School of Homœopathy, in which he says "There is a brilliant future open to your School. Many eyes that you know not of are looking towards it, and praying for its success. It will strengthen our hands and cheer the hearts of homœopaths the world over. British homœopaths have a heavy responsibility resting upon them, and knowing many of them as I do, I have no fear but they will come nobly up to the occasion, and with hard, earnest work, found a School which shall draw into its halls students from all quarters of the globe. Here is a great and glorious opportunity which cannot, must not be lost." This hearty grasp of the hand and friendly cheering voice from across the Atlantic, written but five days before the delivery of Dr. HUGHES' eloquent introductory lecture, opening the first winter session of our newly-established school, comes as a welcome prophecy of good things, strengthening the hands and animating the courage of the founders of and labourers in our School of Homœopathy. Their work has a double

object, the one the further development of the Science and Art of Medicine in a direction hitherto not taught in public in any of our Universities, or Medical Schools; the other the providing, for the public, duly qualified, well educated and thoroughly instructed practitioners of homœopathy, and thereby rescuing those who desire homœopathic treatment from two great dangers, to which they are exposed during acute and serious illness.

It is useless to shut our eyes to the fact that a very large and constantly increasing number of the lay public are deeply attached to the homœopathic practice of medicine. Some are so convinced of the superior efficacy of homœopathic treatment, and even of the dangers incident to such as is non-homœopathic, that nothing would induce them, under any circumstances, to submit themselves or any of their families to the medical care of a non-homœopathic practitioner. Hence, if illness overtakes them or their families, when at a distance from a homœopathic practitioner, they prefer trusting to their own resources, doing their best with a "Domestic Guide" and a case of medicines; or they consult some intelligent homœopathic chemist, or other lay practitioner; while in certain cases they write or telegraph their symptoms to a homœopathic practitioner in whom they have confidence. Acting on the well-known axiom, "of two evils choose the least," these patients endure all the anxieties and the disadvantages, and even incur the risks involved in passing through an illness, without the daily superintendence of an instructed medical adviser, rather than accept what they have learned to regard as the doubtful advantages of so-called "orthodox" medicine.

That such an alternative should be inevitable is an undoubted hardship, imposed upon a very large number of the public, by the persistent refusal, on the part of the

majority of the profession, to permit the teaching of the homœopathic system in the ordinary schools of medicine.

And if the profession are wise, and do not resolutely refuse to see the signs of the times, they will recognise in the present attitude of a very considerable number of the upper and educated classes of society, as well as in that of no despicable number of the middle and lower classes, an opposition rising against the empiricism which they call "orthodox," which, though at present only smouldering, is ready on small provocation to burst into a flame of discontent. Viewing the relative position of the profession and public as one of mutual inter-dependence ; looking on the medical profession with its charters, legal powers and monopolies, it seems to us that that portion of the public by whom homœopathy is valued have a right to ask that the science and art of homœopathy shall be taught in all medical colleges and schools recognised by the examining boards ; but since such an act of justice is not likely to be obtained at present, we advise the public to take the matter into their own hands, and by wisely liberal donations and subscriptions to the London School of Homœopathy to insure the provision of good, sound and sufficient teaching for such physicians as are desirous of adding this study to the ordinary curriculum.

The efforts which have been made to found a school have resulted thus far in the institution of two Lectureships ; that of *Materia Medica and Therapeutics*, entrusted to Dr. RICHARD HUGHES, and that of the *Principles and Practice of Medicine*, filled by Dr. D. DYCE BROWN ; while as an incentive to work, an annual Scholarship of the value of £10 has been offered for competition at the end of each winter session. The school also subscribes three hundred and fifty guineas per annum to the hospital, in order to support ten extra beds, and has arranged

with Drs. BLACKLEY, DYCE BROWN, and JAMES JONES for clinical instruction being given in the wards of the hospital; but if the public are in earnest in desiring so to increase the number of physicians instructed in homœopathy as to leave no large town or district unprovided with a good medical adviser familiar with our therapeutics, all who are in earnest on this question must come forward liberally and nobly with large donations and subscriptions to enable the managers of the school to carry their undertaking to a thoroughly successful issue. Much has been done, but much yet remains. Other Lectureships must be endowed. Additional scholarships and prizes should be offered as inducements to students to work well. The Museum of Materia Medica and Library ought to be greatly enlarged. The number of beds in the hospital requires to be doubled.

If the British homœopathists, or even those in London alone, earnestly and enthusiastically responded to our appeal, there ought to be no difficulty in raising the needful sum of £20,000 during the coming year, and we trust that all who owe life and health to our system will show by the liberality of their gifts how much they prize these blessings, and how warmly they desire to assist in conferring them on others.

ON THE DOUBLE AND OPPOSITE ACTION OF DRUGS.

By J. J. DRYSDALE, M.D.*

I PROPOSE to confine myself to some remarks on the bearing of the double and opposite action of drugs on the attempted explanations of the homœopathic principle by Dr. Sharp and Dr. Hughes.

Our first difficulty in dealing with Dr. Sharp's thesis is to define what it is he can with propriety claim as his

* Read before the British Homœopathic Congress at Liverpool, Sept. 13, 1877.

thesis. He states, "That the action of small doses of drugs is in an opposite direction to that of large doses was first suggested as a general fact or law at the Congress at Leamington in 1878." This is not sufficiently definite, for the fact that large and small doses have an opposite effect has been known from time immemorial, and it is a necessary part of the Brunonian theory, and of Hahnemann's theory, and has been specially dwelt on and carried out in its completeness in explanation of the homœopathic mode of cure by Fletcher and his followers. What Sharp must claim if he claims anything at all in this field is that the double and opposite actions already known are in fact absolutely different actions with no causal connection: and that the homœopathic cure is to be accounted for by the simple antipathic or antagonistic action of one absolute effect on a diseased state, resembling the other or opposite effect. It was added by Dr. Sharp that it is only the effect of small doses which can thus be used. Now as this does not follow from any admitted causal relation between the two opposite effects, it is a mere dictum or dogma, for why should not either of these absolute effects antagonise the other? Here at once we have a serious objection to the whole theory, and one which places it in theoretical consistency far below either the Hahnemannian one of reaction of the organism, or the Bruno-Fletcherian one of exhaustion of irritability: for both of these imply a causal relation between the double and opposite actions, and the small dose is a necessary corollary from them: and a plain and palpable explanation both of their double and opposite nature, and their power of cure is found in the changed state of the organism, induced by the operation of the drug. The established fact that a moderate dose of a stimulus, whether general or specific, is an excitant, and an excessive or too long continued action of the same is followed by depression and exhaustion, and in fact a state just the opposite of the former, is a reasonable mode of accounting for the fact of the apparently double and opposite action. And the equally well-known fact that when the dose was from the first excessive the depressant effect will practically be represented alone, gives us in addition a clue to the apparently different absolute actions of different classes of medicines without the hypothesis that either the same drug may possess two absolutely different and opposite actions as asserted by Dr. Sharp, or

that all drugs have only one absolute action, although this may be either primarily excitant or depressant as maintained by Dr. Hughes. It must be admitted that there is a specific difference between excitants and depressants, but it cannot be admitted that that is such as to contradict the fact that all positive agents have an excitant action liable to be followed by a depressant one, and therefore the absolute action is primarily excitant alone, although from the change it induces in the organism, that may be practically so managed as to manifest a double and opposite action. Now it has always been known that as the small dose is excitant, that action may be exhibited most prominently, and even maintained for a time without much perceptible appearance of the secondary or opposite effect if small doses are given, while if an excessive one is given at once, we have hardly anything but the secondary exhaustion. But there is an intermediate single dose, by which both the double and opposite effects may be seen, *i.e.*, first the one and then the other in succession, without any fresh dose. Hence when Dr. Sharp's assertion of the double and opposite absolute effects were brought forward, he was reminded of the double and opposite actions of one and the same dose, thus plainly showing that there did not exist any such double absolute power in the drug, but the apparent effect depended on the change induced in the organism itself; for even if different sizes of dose had such opposite action, it was simply impossible that the same dose could display at the same time such power. In his essay of March, 1877, Dr. Sharp tells us that on the principle of studying one thing at a time, the time had then come for his studying experimentally that point. The principle of studying one thing at a time is certainly unexceptionable, but one is tempted to wonder why the previous essays were published before this essential point was studied. At any rate we are glad he has at last studied the subject in its completeness. But we were hardly prepared for this statement of the result:—

“In 1878 it was shown that small doses, having action in certain fixed directions, occupied a chamber of their own, and that large doses, having actions in directions opposite to those of the small doses, occupied another chamber. I have now the pleasure of showing that the same key which opened those chambers, opens the door of the vestibule which connects those two chambers together. The middle doses have two actions—the first action is that of the small doses, the second action

is that of the large doses. These are the doses about which so much has been said as having primary and secondary or alternating actions. The nearer this middle dose is to the small one which produces but one action, the more will its action partake of the action of the small dose, and the less of the action of the large dose, and in like manner the nearer it approaches to the large dose, the less will there be of the action of the small dose, and the more of that of the large; finally the action of the small dose will disappear, and there will be but one action, which is that of the large doses."

This is a very surprising mode of stating matters. We had been under the impression that we had all been in the middle chamber all along, and had handed out the key to Dr. Sharp, who was wandering outside in the dark and cold! It really is quite superfluous to go into detail to show how in this sentence the whole theory of absolute action is abandoned, as every one will see at once who has not a pre-conceived idea to support.

With respect to some of the objections to the so-called antipraxy of Dr. Sharp, which he assumes to have refuted in his essay of March, 1877, he asks, Where are the numerous exceptions where no opposite has been demonstrated? Well! do tea or coffee produce sleepiness and mental hebetude in small doses, or in any way except as the secondary effect of the over-stimulation caused by full doses? With respect to specific irritants of seat, what is the opposite action of small doses of *belladonna*, whereby it cures erythema, erysipelas, eczema, and other skin diseases? What is the opposite small dose action of irritants of the stomach, which in full dose cause nausea, &c.? Or, take the whole *Materia Medica* of Hahnemann and choose almost any of those admirable groups of a few signs, which, in a single sentence, give us the clue to the true homœopathic cure of morbid states, and tell us what the opposite states would read like if produced by a smaller dose, and above all show as experimentally that such have been produced. This brings us to the few experiments made by Dr. Sharp, and on which, no doubt, he founds the statement that the opposite action in small doses has been shown with every drug which has been tried. These have been analysed by Dr. Hughes in the April number of the *Monthly Homœopathic Review*, and I fully concur in the conclusion that they are quite insufficient to establish the statement founded on them. And I will add, that

besides the insufficiency of them in number to establish the individual fact in each case, and the false inference drawn from a few even correctly stated facts in such complicated functions as are dealt with, Dr. Sharp overlooks the fact that it requires different amounts of the same stimulus, or drug, in order to act at all on different organs, and, therefore, different and apparently opposite effects have, in many instances, nothing to do with double and opposite action on a particular part: *e.g.*, a moderate light stimulates the retina and reflexly the filaments of the third pair, causing contraction of the pupil, while a stronger light produces contraction of the orbicularis, and even, in some cases, the whole complicated operation of sneezing. So with drugs, a small dose of *aconite* or of *atropin*, and many others, will increase the action of the inhibitory fibres of the par vagum and slow the heart, while a larger one will stimulate the accelerators, or the cardiac muscles themselves, and quicken the heart's action. A small dose of *tart. emet.* will act on the bronchial membrane, while a larger one will be an emetic, and so on. Now, all these things complicate the matter excessively, and deprive the few isolated results given by Dr. Sharp of their whole value as decisive of the question. Furthermore, each of these separate stages of action must have its double and opposite action. For instance, the natural contraction of the pupil in reading, or looking at small objects, will cease to be brought about if the stimulus is too long continued, and dilatation will ensue, even though the same amount of light falls still on the retina. In the inhibitory stimulation the slowing will be followed by a quickening of the pulse, by the fatigue of the regulating action constantly required, and which had been over pressed, &c., &c.

Before, therefore, we can demonstrate an absolute two-fold effect of any drug, all these things which depend on merely relative circumstances in which the organism itself plays a part, must be taken into account and probed to the bottom in every case.

We see thus the futility of the attempt to explain cure by a merely two-fold apparent action, without regarding the inner processes in which this result is brought about. We have, first, the different degrees of susceptibility to drugs, like other stimuli, possessed by different organs and parts of our most complicated organism. By this means an ascending scale of effects may be produced by

different doses of the same drug, and these differing widely in accordance with the specific function of the organ affected. Many of these effects may be quite opposite in the resulting phenomena, and thus double and opposite effects may apparently lie in the absolute nature of the action of the same drug. There is, then, the necessary exhaustion which follows over excitement of the same organ or part, producing an exactly opposite apparent result of the action of large and small doses, as well as these two stages exhibited in the action of single doses. On these two principles can be explained all the known double and opposite actions of large and small doses, without the hypothesis of Dr. Sharp that drugs have two absolute and opposite actions in large and small doses.

At the same time, I admit that the bare principle of a primary excitation, followed by a secondary collapse or exhaustion, is insufficient, *per se*, to explain numerous and important *qualitative* changes in the living matter produced by the exciting causes of disease, and by drugs, and which are met by the homœopathic law of cure. Here, I think, we had better still rest that law on an inductive basis, viz., that it simply expresses a general fact, established by a sufficient number of experiments, which cannot be said of the professed explanation, that in all cases the remedy has the power of producing an exactly opposite action in some dose on the healthy body, as Dr. Sharp maintains. In diseases of mere *plus* and *minus* of vital action, on the other hand, the Brunonian theory of excitement and exhaustion gives an *a priori* explanation of the double and opposite action of drugs, and of the homœopathic law of cure.

My third objection to Dr. Sharp's theory was as follows :

"A definite quantity of the antagonistic medicine will always be as necessary for the cure as for the production of the disease, and that quantity will be the same, and even greater, than what is necessary to produce the effect in health, *e.g.*, if two drops of *aconite* (pure tincture) quicken the pulse, and $\frac{1}{26}$ of a drop slow the pulse in health, it will always require at least $\frac{1}{26}$, if not more, to antagonise a quick pulse of disease."

To this Dr. Sharp replies :

"The contrary action of the small dose applies, not to a single dose, but to a series of doses, *e.g.*, from a small quantity of the pure tincture or crude drug to the third dilution or trituration, the millionth part of a drop or grain, thus leaving scope for the

different susceptibility of the patient, and the varying cases of disease."

This means, I presume, that all doses below $\frac{1}{\infty}$ of a drop in the illustration *tend* to show the pulse, although only that dose has been found to do so in the healthy body. This is an assumption to begin with, but besides that we must have some definite point fixed if there is to be any meaning in the expression small and large doses. I maintain, therefore, that if the theory of antagonism is true, you must give the dose known by experiment to be capable of producing that antagonism. The same objection does not apply to the *relatively* antipathic action of the homœopathic medicine on the Fletcherian theory. Here you have to fill up a want, and you do not know how small a quantity may be required to fill that want, and restore vital action to health, whereas you do know that a very small excess of excitation will still further depress the lowered action in which disease consists. This also enforces my fourth objection, which Dr. Sharp professes not to understand, and characterises as muddying the waters like a cuttle fish :

"Fourthly, if the antagonistic theory were true, it would still be primary, and therefore liable to be merely palliative, requiring to be constantly kept up and in increased doses, being liable to the exhaustion and secondary opposite state of all primary actions."

It seems, however, plain enough that if all preternatural excitations are followed by a corresponding exhaustion or depression, the slowing of the heart from excitation of the inhibitory nerves by $\frac{1}{\infty}$ drop must be followed by exhaustion as above seen, just as much as the more palpable action of a purgative is by an opposite state, and so on. The same must also be the tendency of all primary actions, whether the opposite actions of small and large doses depend on their affecting different organs or not.

Thus we see generally that all attempts to *explain* the action of medicines require knowledge of the intimate pathology of disease and drug action ; and, in fact, all attempts to explain on an empirical principle are vain. This applies also to Dr. Hughes's objection to Fletcher's explanation, viz., that even supposing it applied to inflammatory diseases, still that is only a part of diseases, and, therefore, it fails as a universal explanation. This is granted, and for my part I would look for no explanation until the pathology of the

disease is understood. Nevertheless, I think Dr. Hughes has underrated the extent of the application of the principle of secondary exhaustion of irritability as used by Fletcher in respect to inflammation and diseases dependent on it or allied to it. In the first place Dr. Hughes says, that on this theory the same objection applies as to Sharp's theory, viz., that the antagonistic action of the small dose during the cure is liable to the exhaustion which follows all overstimulation, and it will consequently soon be followed by the said opposite stage of exhaustion, so that any amendment will only be temporary, and will be similar to that of opiates in sleeplessness, purgatives in constipation, &c. Now this shows a misapprehension of Fletcher's theory altogether. In that, mere vascular *plus* and *minus* of action is not the whole case, but the vascular or parenchymatous tissue is understood as the seat of nutritive and vital activity in general, and the qualitative change produced by the exciting cause of disease is always held to be of importance equal to the seat in determining the specific nature of the remedy. An inflamed part is looked upon as one in which the total vital process is in a state of secondary depression of a special character, even though the product of secretion or nutrition is increased in quantity. What then is the best remedy? It is a stimulus such as corresponds to the quality required, and just enough in quantity to bring the vital action up to the line of health. If such is given there is no secondary depression after it, for two reasons—first, because the stimulation was not raised *beyond* the line of health; and, secondly, which is the most important, because cure itself depends on restoration of the living matter; and that is like all vital processes, an irritation or a process to which an appropriate *stimulus* is essential. The homœopathic remedy therefore is presumed to be the efficient agent of the *regeneration* of the living matter of the part, and thus, so far from exhausting, as all excessive stimuli do, it actually restores the nutrition and finally the functional irritability of the diseased part. This is a very different view of Fletcher's theory from that given by Dr. Hughes, and it is one which I have followed out and endeavoured to adapt to the newer pathology opened up by the protoplasmic theory of life in my lectures at the London Homœopathic Hospital, in 1876, and which were listened to by Dr. Hughes. The subject is, however, far too complicated for the views of anyone to be fully appreciated by

once hearing a lecture, so I must defer entering on it fully till I have the opportunity of completing the subject treated of summarily in these two lectures. In the meantime, I may say that Dr. Hughes and I agree much more nearly than he seems to think, and that he follows my views very closely. I have fully admitted the merely *secondary* character in importance of the vascular disturbance, and even that of the vaso-motor nerves, while the *primary rôle* in the action of stimuli and the exciting causes of disease is played by the protoplasm of the tissue itself; and also laid stress on the fact that the qualitative change in the protoplasm is to be regarded as probably more important than any merely functional quantitative disturbance. But at the same time I still uphold the opinion that there must be a primary stimulant stage in the action of all positive agents, however complicated with the more important qualitative change; otherwise it is impossible to explain the homœopathic cure with depressants. This in fact Dr. Hughes is compelled to admit—

“There are no opposites to many concrete diseases, or even to many symptoms, such as pains. But there are, or must be, opposites to the morbid state or states which lie at the bottom of these surface indications; there must be some reverse direction to that which the abnormal change has travelled, and along which the part may be conducted back to health. This thought seems as true as it is subtle.”

I am still inclined to think that in those qualitative disturbances which have no opposites, and which are among the most important indications for homœopathic cures, there is some anterior subtle process in the vital activity taking place in the latent stage; and which may be one of exaltation of the germinal faculty incapable of displaying itself before the secondary stage comes on. This latter is the first we become cognisant of through symptoms, but it is still a secondary stage, and in reality one of germinal depression and degradation. If the truth of the process be not somewhat of this nature, what is the latent stage in such diseases? And how otherwise can we imagine a homœopathic cure possible, seeing that all vital processes are far too complicated to be represented by mere physical vibrations which might extinguish each other as in the instance of light waves, and which theory I am glad to see Dr. Hughes has at last abandoned.

Discussion on the foregoing paper having been invited,

Dr. HUGHES spoke as follows :—As Dr. Drysdale has referred in his interesting paper to some remarks I made on the subject in the lectures I delivered at the hospital last January, I venture to say a few words in reply to his observations. I gladly accept Dr. Drysdale's statement that he does not feel that I differ much from him. Indeed, I should feel unhappy, and that I was wrong, if I differed very much from him, and I am very glad to find that I am more on his side than otherwise. (Hear, hear.) At the same time, the point on which I do feel I differ from Dr. Drysdale is this, that I cannot see my way to regarding the symptoms of depression so often manifest in the action of drugs as always resulting from previous over-stimulation. When I see a drug like *gelsemium* administered in quite moderate doses produce immediate depression, first of the muscles of the eye-ball and then of the other muscles throughout the body, I cannot suppose that there has been any primary latent stage of stimulation upon which this depression is a secondary exhaustion. There must be long continued stimulation to produce this. Finding no such condition, I venture to submit the hypothesis that depression is primarily present, and until more evidence is brought to show that this depression is a secondary exhaustion, I must continue to think so. I was aware that Dr. Drysdale in the lectures he delivered last year made some modifications in his previous putting of Fletcher's views, but not having had the pleasure of reading them in print afterwards, I derived but a general impression to that effect. When I read them I shall derive a great deal more information, and I have said in one of my lectures that Dr. Drysdale would now probably not put it in that way. I think we shall all derive instruction from reading Dr. Drysdale's paper which he has just read to us. We have got something by hearing it read ; we shall learn still more when we come to read it for ourselves. (Applause.)

Dr. DYCE BROWN (London): I was extremely glad to have had the pleasure of hearing the interesting paper of Dr. Drysdale. I had not the opportunity of hearing his lectures in London, a circumstance I much regretted, but from Dr. Hughes's lectures I gathered that Dr. Drysdale had a good deal modified his views on the action of drugs, and I am very glad to hear, from the paper read to-day, that Dr. Drysdale essentially agrees with those who believe in the opposite action of drugs in large and small doses. Dr. Hughes speaks, in his lectures, of the double action of drugs being one explanation of homœopathy, and then afterwards gives as a really different theory the reverse action of large and small doses. It strikes me that is a pity, because they are essentially the same. Those who speak of drugs having opposite actions, mean as a rule, that those two

opposite actions are developed by large and small doses respectively, and it is only because the particular fact of large and small doses having this reverse action has been brought out more prominently of late, that it would have the appearance of being a separate explanation from the former. If we suppose that one action is developed by the small dose and the opposite action by the large dose, there must be a point between the two where the one passes over into the other. Now, it is quite possible that the medium dose Dr. Sharp speaks of may in the first place produce the stimulant or primary action, but being rather too near the point of balance, may be immediately followed by the secondary or large dose action; so that on this explanation we see, I think, the truth, the correctness, of Dr. Sharp's view. This point that Dr. Sharp brings out—viz., that the medium dose may produce both actions—is in fact only a corollary from the fact that a drug produces two reverse actions, and that these two reverse actions are produced by small and large doses respectively. You come to a point where the balance is easily over-topped, and you thus have, first the primary action and then the secondary action from this *one* dose. Of course, I agree entirely with what Dr. Drysdale points out—and it is very important to consider in discussing these theories of the action of homœopathic remedies—that some organs as well as some persons respond more quickly to one dose of a medicine than other organs or persons do to the same dose: consequently it is impossible to make a mathematical statement of what is a large dose and what a small dose, or what dose will infallibly produce the primary and what the secondary action. You can only approximately name the dose which, in the majority of cases will produce the primary or the secondary action. Everyone knows that there are some persons so susceptible to the action of certain medicines, that an extremely minute dose will produce an effect which could be produced in other persons only by a very large dose, so that it would be impossible to state accurately what is for every person or for every organ a large dose and what a small dose. And this consideration, I think, does away with one of Dr. Hughes's objections to the double action theory, namely, the impossibility of stating what is a small dose, or what given dose would invariably produce the same action in every individual. Dr. Hughes, in his lecture, falls (if I may say so) into a misunderstanding in reference to exhaustion following upon stimulation. He says that this exhaustion is simply an exhaustion of the system after the stimulus of the medicine—a want of power of vital reaction. That may be, but the exhaustion is not a want of power to respond to all stimuli, but—and this is important to keep in mind—only to the one stimulus which has produced the reactive exhaustion; and it is when we

use *another* drug which has a similar action that the organisation re-acts, and is stimulated again to health by a small dose. Then, as to the important point mentioned by Dr. Drysdale, and also by Dr. Hughes in his lectures, that there is no opposite of pain, &c. I think the view which Dr. Drysdale brought forward to-day, and which he quoted from Dr. Hughes, is really the true explanation of the difficulty. In stating the theory of the double and reverse action of remedies in large and small doses, we only state it generally. We must make a number of subdivisions, as it were, which may require a more minute explanation, but which are not exceptions, and all we can do is to offer a general theory which will, in a comprehensive way, explain the action of drugs. (Applause).

Dr. EDWARD BLAKE (Reigate) said: May I be permitted to remind members that although it may be a convenient form of expression to speak of "The action of drugs on the body" there is, apart from mechanical and chemical processes, no such thing in reality. It is therefore quite erroneous to speak of the action of a drug upon the body; it is the body which acts upon the drug, and to Dr. Sharp is due the credit of first clearly bringing this fact before us. To approach the subject from the other point is to look through the large end of the telescope, and then to wonder that we do not see the stars. Were it true that drugs really act on the tissues, we might, by a stimulant strong enough, haply raise the dead. This is an obvious corollary. There is no vital nor physiological force in such an inert mass of matter as a drug. If you put a drug into the body it is the vital tissues that re-act upon the drug. Thus, when we introduce five grains of tartar emetic into the human stomach, what takes place? The stomach takes immediate steps to rid itself of the irritating visitor. If it succeed through vomiting, there is no further result: if it fail, and absorption take place, then the various emunctories do their best to expel the unwelcome intruder. These efforts we call secondary actions. But on account of physiological relationships these efforts set up other disturbances known to us as tertiary symptoms. But in each case it is plainly the tissues acting on the poison, not the poison on the tissues. If I understand that Dr. Drysdale looks upon all drugs as primarily excitant, I cannot agree with him. It is no more true than that all diseases are primarily examples of depression. Take a drug with a very simple well-known action, the nitrite of amyl. Inhale a few drops, and the immediate effect is to cause vaso-motor paresis of the head and neck, with suspension of cardiac inhibition. The enormous accumulation of epithelial cells in the cases of a foul tongue, and of carcinoma, are examples of physiological activity in disease.

Dr. H. NANKIVELL (Bournemouth): I thought at first that I

was going to agree with what Dr. Edward Blake has just said, viz.: that we ought to discuss, not the action of the drug on the body, but the action of the body on the drug. But as a matter of fact his antithesis is a false one, for what we have really to consider is the action of the body under the influence of the drug. The instance adduced, that of the emetic action of tartar emetic is also unsuitable, as we cannot really look upon this as belonging to the primary, but to the secondary class of action, i.e. of re-action. The whole system is utterly depressed even before vomiting occurs. The same is true, though perhaps less markedly, of ipecacuanha. There must be some action of ipecacuanha on the stomach, which precedes nausea and emesis, and which therefore constitutes its primary stimulant action. I quite agree with what has fallen from Dr. Drysdale and Dr. Hughes, on the difficulty of conceiving an opposite to certain symptoms, pain and so on; but this difficulty is of course removed when we consider that there must be an opposite condition to that in which the nerve substance is when pain is felt. The difficulty is so far a verbal and not a real one. The reaction which we find the system to undergo in the presence of large doses of a drug, indicates to us the tract of tissue along which the same drug in small doses will act in a health-giving manner.

After a few remarks from Dr. MOORE (Vice-President)—

Dr. HUGHES was called upon to read the paper, of which notice had been given.

THE TWO HOMŒOPATHIES.

BY DR. RICHARD HUGHES.*

IN the year of our Lord 1790, when the eyes of all Europe were fixed upon the rapidly evolving drama of which France was the theatre, there was a man in Germany intent upon far different matters. This man was a physician, in the prime of his life; his name was Samuel Hahnemann. An accomplished scholar, both in medical and general letters; a profound chemist; the friend of the illustrious Hufeland—he was utterly dissatisfied with the state of therapeutics in his day. One of its few bright spots seemed to him to be the treatment of ague by bark. He pondered much over the *rationale* of this curative action—so simple, so direct, so effectual. How could other medicines be so used? How could other diseases be so treated? It occurred to him to try the effect of this bark

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in health ; he experimented on his own person. He found that it set up a fever very like that which it cured. The relation between its disease-producing and disease-curing properties was that of similarity. Its operation, therefore, was an instance of that "*similia similibus*" which Hippocrates had recognised as occasionally holding good, and whose claims to notice and possibilities of fruitfulness as a therapeutic principle had been noticed by more than one writer. If it obtained in the present notable instance, the inference was obvious. Was it not possible that other cure-work like that of bark in ague might rest upon such relationship between drug and disease—might have been got from it occasionally in the past, might be got from it continuously in the future ?

The question was a reasonable one ; but it was only a question. It had to be answered by observation and experiment ; by reviewing the cures on record, and endeavouring to obtain new ones. Both were fully carried out. Hahnemann's *Organon* contains a copious list, drawn up from medical literature, of cures of disease effected by drugs which on no less satisfactory testimony were declared capable of causing similar conditions in the healthy. And his own experience, which was published from time to time, showed him that the power of similarly acting medicines was most undoubted, and their manner of curing greatly preferable. He now considered that the question had been answered affirmatively, the induction deductively verified ; and, after suggesting it as a new method in 1796,* in 1806† he confidently put forth *similia similibus*, ὁμοιοπαθεῖα, as the cardinal principle of therapeutics.

He had not gone far, however, in working out the method, when he found that to do so properly required a much fuller knowledge of pathogenetics than that possessed at the time. Records of poisoning and over-dosing were not scanty ; but they referred only to a small number of very active substances, and to the large and crude effects of these. A few typical and severe diseases were here pictured, and served for the early application of the method. But if it was to be carried out systematically, if the great variety

* In his "Essay on a new principle for ascertaining the curative power of drugs" (*Hufeland's Journal*, vol. II. See Dudgeon's translation of his Lesser Writings, p. 295).

† "The Medicine of Experience" (*Hufeland's Journal* for 1806. See translation, p. 497).

of morbid conditions which come before the physician were to be "covered" by corresponding drug effects, his knowledge of the latter must be indefinitely increased. With Hahnemann, to perceive this need was to feel the obligation of supplying it; and to feel the obligation was to fulfil it. He at once set to work to "prove" medicines on his own body and that of other healthy persons. In 1805 he had collected sufficient material of the kind for publication; and it appeared in his treatise *Fragmenta de viribus medicamentorum positivis*, which contains pathogenetic effects of twenty-seven drugs, obtained from the ingestion of single full doses.

But yet another step had been taken before this time. In prescribing medicines according to the rule *similia similibus*, Hahnemann of course gave them singly, and without the complex admixtures so common in his day. He administered them, however, in the usual doses. It is not surprising that his patient's symptoms, even though ultimately removed, were often in the first instance severely aggravated. It needs no argument to show that the ordinary doses of *arsenic*, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed—for which, nevertheless, the homœopathic principle would direct its being given. So Hahnemann found, and he reduced his doses accordingly. He did so by mixing his solutions or tinctures with definite proportions of some menstruum, as water or alcohol. The now well-known advantages of dilution came out in this process; and he found that attenuation could be carried to an extent hitherto undreamt of without the remedial power of the drug being lost. Accordingly, in his treatise on the *Cure and Prevention of Scarlet Fever*, published in 1801, we find him recommending *belladonna*, *opium*, and *chamomilla* in fractional quantities about equivalent to our third centesimal dilution, and defending his practice in *Hufeland's Journal* of the same year.

His complete method, constituted as now described, is set forth in the luminous essay entitled "The Medicine of Experience," published by him in the same journal for 1806. He there expresses his conviction that "as the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we call diseases, He must at the same time have revealed to us a *distinct* mode whereby we may obtain a knowledge of

diseases that shall enable us to employ the remedies capable of subduing them; He must also have shown to us an equally distinct mode, whereby we may discover in medicines those properties that render them suitable for the cure of diseases." To obtain this practically useful knowledge of disease, he maintains, we must abandon all speculation as to its essence, and content ourselves with a faithful and detailed picture of its manifestations, with their predisposing and exciting causes when these can be discovered. To ascertain the properties of medicines we must experiment with them on the healthy human body, noting the symptoms which result in their order and connection. We must then, if we wish a permanent and curative effect, administer in disease that drug whose effect most nearly resembles the morbid condition before us. To give, as is ordinarily done, remedies whose primary action is opposed to the diseased state we have to treat (as opium for sleeplessness), is mere palliation, and useful and necessary in but few cases. Finally, curative—because similarly acting—remedies must be given in comparatively small doses, lest excessive aggravation or undue reaction should occur; and so sensitive is the diseased body to their influence, and so purely dynamic their mode of operation, that doses of extreme minuteness—even to a millionth part of those ordinarily given—will often suffice for the end proposed. Such medicines, also, should be given singly; and the doses should not be needlessly repeated—each being left to work within its ascertained term of action. "If," he sums up, "as is not unfrequently the case when there is a sufficient supply of well known medicines, a positive remedy perfectly appropriate to the accurately investigated case of disease be selected, administered in a suitably small dose, and repeated after the expiry of its special duration of action, should no great obstacles come in the way (such as unavoidable evolutions of nature, violent passions, or enormous violations of regiminal rules), and should there be no serious disorganisation of important viscera, the cure of acute and chronic diseases, be they ever so threatening, ever so serious, and of ever so long continuance, takes place so rapidly, so perfectly, and so imperceptibly, that the patient seems to be transformed almost immediately into the state of true health, as if by a new creation."

I have brought these facts, dates, and quotations before

you as the best mode of exhibiting the first of the "Two Homœopathies" I am proposing to discuss to-day. The therapeutic method they describe presents several aspects for consideration.

1. It would, I think, be impossible for any unprejudiced person at the present day, standing in the light of the medical knowledge now enjoyed, and having some acquaintance with the doctrine and practice current in Hahnemann's time, to doubt that the reform thus proposed by him was a real and most beneficent one. Pathology, at the end of the eighteenth and the beginning of the nineteenth century, was a tissue of the most baseless hypotheses; the therapeutics associated with it were a mixture of violence and confusion. Men were treating, as Hahnemann says, "unknown morbid states with unknown medicines," opposing fancies about the one to fancies about the other. In the stead of this most unsatisfactory system he proposed a method alike simple, intelligible, and innocuous. It consisted, as we have seen, in the following elements:—

1. The apprehension of disease by its symptoms, *i.e.*, as we say, by its clinical characters and history.

2. The ascertainment of the powers of drugs by experimentation on the healthy human body.

3. The application of drugs to disease by a principle which at least insured directness of aim.

4. The administration of remedies singly, instead of in complex admixture.

5. Their prescription in doses too small to aggravate existing troubles or cause extraneous ones.

Who can doubt the blessing it would have been to mankind had such a method been adopted when Hahnemann promulgated it? Who can reckon the thousands that would have been saved from the murderous and poisonous doings universally prevalent in the days when bleeding and mercurialisation reigned supreme in therapeutics? If the profession can go no farther with Hahnemann; if even they feel his system imperfect for fully dealing with disease in all its forms, let them at least admit the vast advance it made upon the practice of its day, and its anticipation of much that is now regarded of unquestionable importance.

2. If this is the aspect which Hahnemann's original homœopathy has for the practitioners of medicine in general, it has no less important bearings for those whom adherence to his doctrines has formed into a distinct body.

The great majority of these, at least in the old world, have been converts from the recognised modes of practice. The expositions of homœopathy which have satisfied their reason, the cures which have established their faith, have been of the kind we have seen in the earlier writings and practice of its founder. They have accepted his method as he himself then conceived it—with its law of similarity, its provings of medicines on the healthy, its single medicine, and its small dose. But they do not think they need follow him in the rejection of the pathology of their day, as he in that of his. They find him allowing the existence of certain specific diseases, always essentially identical, for which fixed remedies can be ascertained; and they think that the advance of knowledge has identified many more of the same kind. They prefer to work the rule *similia similibus* with pathological similarities, where these are attainable; though in their default they thankfully use the comparison of symptoms. Accepting his statement that attenuation within the millionth degree hardly weakens the power of a drug for good, while it robs it of power to harm, they freely use such fractional quantities; but they rarely go beyond this limit, and as a rule steer closer to the other end of the scale. They do not mix medicines, but they often alternate them; and they supplement them more or less freely with such agents as—lying outside the range of pure homœopathic medication—are commonly called auxiliaries.

On the other hand, there are many—especially in America—whose views of homœopathy have been formed upon the later teachings of the master, of which I shall subsequently speak; and some of these have become more Hahnemannian than was Hahnemann himself. Among these colleagues of ours there has often displayed itself an intolerant spirit towards such as occupy the more independent position I have described above. My good friend Dr. Lippe, of Philadelphia, is a leading spokesman of this party; and he is at present breathing out threats of exclusion and excommunication against all who cannot subscribe to the full homœopathic creed, as he conceives it. Hard words are used of these, of which “mongrel” seems the favourite; and they are bidden to depart from the associations of the true followers of Hahnemann, and to profane the name of homœopathy no more.

Now I must protest with all my might against such narrowing proceedings. If men have, *in bonâ fide*, cast in

their lot with us; if they have sought membership in homœopathic societies, have written in homœopathic journals, and worked in homœopathic hospitals and dispensaries; if they are content, out of devotion to the common cause, to co-operate with their stricter colleagues in spite of what they must consider their extravagances, surely the latter may be content to co-operate with them. All recognise the method of Hahnemann as their rule of practice; but some stop short at a certain stage of his elaboration of it, and think that beyond this limit it is unverified. Why should they not do so, if such is their deliberate judgment? And why should those who go farther vilify them and refuse their fellowship? Their practice is surely good practice as far as it goes—far superior to that of one who rejects the master's teachings altogether. Pathological similarity must be better than no similarity at all. It may be a pity to alternate, but it is less injurious than to mix. Auxiliaries may be used far more than is needful; but that is better than using nothing else.

And there is another important consideration to be submitted. Our best hope of winning converts to our system from the old school, and—which is better still—of obtaining its recognition from the profession as a legitimate therapeutic method, lies in the existence of the less distinctive homœopathy I have described. I believe it is vain to expect that unqualified liberty of opinion and practice which we demand. The day is far distant, to my thinking, when the members of medical societies and the readers of medical journals will take patiently the narratives of cures wrought by medicines selected because of minute symptomatic resemblance, and given in highly attenuated doses. But the occasional similarity of disease to drug, and the use of quantities of some fractional exiguity, are not so unfamiliar to medical men in general but that they may come to admit the possibility of such facts having a wider range than they before supposed. As a bridge over the gulf which divides the pure Hahnemannian school from that of modern medicine, I hail the existence of the more moderate homœopathy; and I have hope that upon it there will ere long be much passing to and fro between brothers too widely separated.

If I may give a word of counsel to those whose position I have now been surveying, it would be that they should

follow up their own tendencies to the full by testing the capabilities of the mother tincture. Every now and then our brothers of the old school borrow a bit of practice from us, and (though sometimes the reverse is true) by giving larger doses than we have been accustomed to employ they outdo us with our own weapons. We cry out—this is homœopathy; we have been giving such a remedy for many years past. It is true; and yet we have never got such results from it. Recent communications on the use of *phosphorus*, *silica*, and the alkaline sulphides illustrate what I mean. It is a pity that we should leave such developments of our principle to those who oppose and reject it, when we are ourselves placed on such vantage ground for instituting them.

Hitherto I have been vindicating the legitimacy of the homœopathy taught by Hahnemann up to 1806 to be called by that name, and to be practised by professed acceptors of the system. But it is another question whether it is wise to pause there; and whether, in declining to follow him farther in the elaboration of his method, there may not be involved the neglect of a more excellent way.

It will be remembered that, when he wrote the *Medicine of Experience*, Hahnemann was only 52 years of age. In the ordinary course of things, supposing health and strength to be spared him, there were at least twenty years of work remaining to him ere age should begin to dim his perceptions and enfeeble his faculties. Such work, moreover, if less original than that of earlier life, ought to be more matured; it should naturally contain the ripest fruits of a man's thought and observation. Now the twenty-two years which followed 1806 were those of Hahnemann's greatest activity as a practitioner and a writer. To this period belong the first four editions of the *Organon*, the first and second of the *Reine Arzneimittellehre*, and the first of the *Chronischen Krankheiten*. He is at Torgau from 1806 to 1810, and at Leipzig from the latter year up to 1821, in both enjoying large opportunities of practice; while from 1821 to 1828, at Coethen, he has leisure to weigh the results of his experience, and to consider the problems of chronic disease presented by the sufferers of this kind who resorted to him there for treatment. It can hardly be doubted that whatever practical developments his

method received during such a series of years are entitled to the most respectful consideration of those who accept that method in its essence.

There are four points, it seems to me, at which we discern a distinct advance and elaboration on Hahnemann's part at this time.

1. The first has regard to the principle on which selection by similarity should be carried out. Of course, wherever all the symptoms of a disease are reproduced in the pathogenesis of a drug, there is no difficulty; and where no drug has them all, *ceteris paribus* the one which possesses the greater number would have the preference. But Hahnemann found after a time that this *ceteris paribus* involved a good deal. A mere quantitative dealing with symptoms proved insufficient; they must, he saw, be weighed as well as counted; they must be treated qualitatively. And now, in seeking to appreciate the relative value of symptoms, he was led to two important conclusions: viz., that peculiar and unusual features, both of drugs and of diseases, should count for more than common ones; and that subjective symptoms—and especially those of the mind and disposition—should preponderate over such as were objective and physical. These views led him to attach less importance than he had formerly done to the disease—as nosologically or pathologically defined—which was before him, and to think more of the special sufferings of each patient. The result was the doctrine expressed in the phrase “individualisation,” with the proviso I have mentioned as regards the relative value of the symptoms present.

2. Up to 1806 Hahnemann had affirmed nothing more about the minute doses he had been led to employ, than that they hardly lost any of the efficacy of the medicines, while they robbed them of power to injure. But as he went on attenuating the more potent drugs employed, and as he applied the same process to substances comparatively or absolutely inert, he seemed to find a real development of power to be brought about. While all physical and chemical qualities disappeared, such as odour and colour, alkalescence or acidity; while all actively poisonous properties were lost—the medicines gained a penetrating energy as curative agents hitherto unknown to him, and a ten-fold wider range of action. Some of them retained this even up to the 30th or decillionth dilution; others seemed to act

best in other potencies of the scale, as from the 2nd to the 24th; very few were the better for no attenuation at all. Hahnemann's second point, as made at this period, was the positive efficacy of infinitesimal doses, as prepared according to his manner; and their general superiority for the homœopathic treatment of disease.

3. Hahnemann had already warned against the needless repetition of doses. In the *Medicine of Experience* he had advised the duration of each drug's action to be ascertained, and the dose to be repeated accordingly. In the first edition of the *Organon* (1810) he substitutes for this rule, as based on an uncertain quantity, another which directed that the effects of a first dose should be allowed to subside ere another (if necessary) was given. But, whether by one plan or the other, treatment by single doses became increasingly Hahnemann's ideal throughout this period. It shows itself in every piece of practice he mentions, and in every case he records.

4. It may be thought strange that I should name, as a fourth step of advance on Hahnemann's part, his doctrine of chronic diseases. It would be so, did I mean by so doing to endorse the psora-theory, in its definite dependence on the entity itch. Hahnemann was indubitably in error about the pathological significance of this disease, as was Autenrieth and many another before him and after him. But, stripping his doctrine of all reference to this particular disease, it remains, in its essential substance, a most valuable induction from observation and guide to practice. It is the affirmation that when disease becomes chronic it is because of some morbid diathesis, some constitutional taint; that the manifestations of this condition must not be treated as if they were mere local affections; that even the ordinary internal specifics of homœopathy are mostly insufficient for their cure, and must be supplemented by new medicines, of a profound reach and long duration of action. It was this thought which led Hahnemann to introduce the so-called "anti-psorics" into medicine—which enriched the *Materia Medica* with *alumina*, *antimonium crudum*, *baryta*, *calcareo*, *graphites*, *kali carbonicum*, *lycopodium*, *natrum muriaticum*, *platina*, *sepia*, *silica*, and *zincum*.

What I have said about the distinction between the speculative theory and the practical doctrine of chronic diseases applies to much else in Hahnemann's work at this

time. His discovery of the efficacy and sufficiency of infinitesimals, for example, was mixed up with hypotheses of all disease being a derangement of the "vital force," and of a "dynamisation" effected in medicines by the processes of trituration and succussion to which he subjected them. All this may be rejected, as it generally has been rejected; but the discovery remains. It is thus with the various explanations he suggested of likes being cured by likes. Few receive these, but that *similia similibus curantur* is acknowledged by all his disciples.

Dismissing, therefore, the theories of the master as of doubtful value and only speculative interest, let us fix our attention upon him in the sphere of his true greatness, and consider his practical rules. I can but very briefly indicate the facts and arguments by which they have been substantiated. In so doing, I shall draw chiefly on the writings of our deeply-lamented colleague, Dr. Carroll Dunham. I feel that I am indebted to him for the conviction of the reasonableness of Hahnemann's fuller doctrine, as I was to Dr. Madden many years ago in respect of homœopathy generally.

1. And first, as regards individualisation. It is pointed out that while a few leading symptoms are sufficient to enable us to diagnose the nature of a case, and for this purpose we may ignore the rest, it cannot be so when we are to treat it by the method of similarity. Every appearance the patient presents, every sensation he experiences, every circumstance of amelioration or aggravation of his sufferings, must have some pathological basis, and must be taken into account in the choice of a remedy. Just in proportion as a drug has been found capable of causing all these concomitants and characteristics, will it be the rapid and certain cure for the case in which they occur. If it is otherwise, then, although the drug may have produced the actual disease, nosologically speaking, by which our patient is attacked, yet it may not be essentially homœopathic to the form of the disease now before us. It may be fever we are treating, and our medicine may be truly pyreto-genetic. But suppose that the pyrexia it causes is accompanied with great restlessness and anxiety, while the febrile sufferer under our care lies dull and listless, there is a lack of true homœopathicity between disease and drug. Adherence to the "totality of symptoms" would set us right, though we could not define or explain the difference between the two

cases. Again, our patient may have rheumatic joints; but their painfulness may be either increased by continued motion or the reverse. It is obvious that this distinction must depend on the presence or absence of an inflammatory condition of the parts, and must modify accordingly our whole management of the case. But, even though we knew not its significance, it would symptomatically guide us to the choice between *bryonia* and *rhus* as the medicinal remedy.

The individualisation of each case, therefore, by the totality of its symptoms, is the only certain method of arriving at the true *simillimum* for it among medicines. The more we generalise, and refer it to a class, the less happy we shall be in our drug-selection for it. And, should there be no drugs which correspond to it as whole to whole, we should select that one which has caused any peculiar features it may have, if we have good reason to believe such remedy suited to the essential malady present. Correspondence at such special points indicates a very close relationship between disease and drug—far more so than if common characters only were in question. Subjective symptoms outweigh objective ones in such differentiation, for they present less of the common than of the peculiar features of a case. They are, moreover, of great value, as being the earliest signs of disorder, before organic change has begun. They constitute the main phenomena of a malady at a stage in which it is still curable. I should have liked, had time permitted, to have read an extract from the "Address on Medicine," delivered by Dr. Russell Reynolds before the British Medical Association in 1874, enforcing the importance of subjective and mental symptoms. "We are bound to remember," he concludes, "that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs." *

2. And now as to the infinitesimal doses of this period, by which I mean the dilutions from the 3rd to the 30th. Evidence as to their positive efficacy, and as to the comparative inertness of many medicines unless thus attenuated, is abundant. The best proof of the latter point is that in the practice of those who confine themselves to the

* See also Dr. Madden, "On Subjective Symptoms," in *British Journal of Homœopathy*, xxvii., 458; and Dr. C. Dunham, in *Transactions of N. Y. State Hom. Med. Society* for 1863, p. 63.

lowest potencies such remedies find little estimation or use. But a good deal of consideration is also due, I think, to the position of those who affirm the relative superiority of infinitesimal over more substantial doses. Besides Hahnemann himself, this class includes Dunham, Hoppe, von Grauvogl, and Chargé; and—to some extent at least, as evidenced by their practice—Tessier and his foremost disciple Jousset. The first-named has shown, from the comparative statistics of Wurmb and Caspar's Hospital, that in pneumonia the action of the 80th decimal dilution was more certain and more rapid than that of the 15th and the 6th, while of the two last the 15th bore away the palm.* There is, moreover, in the general tone of those who employ highly attenuated medicines, a confidence in their remedies, an habitual sense of power and success, which cannot be disregarded.

3. Regarding the use of single doses, instead of a series of them, allowing the medicine thus given to act undisturbed for a reasonable length of time, I can say little at present. When we find so scientific a physician as Professor Hoppe maintaining the reasonableness of this practice, and a veteran like Jahr saying that his best cures have been achieved in this way, which—he truly says—was that of Hahnemann and all his disciples for the first twenty years of homœopathy, it merits our best consideration.

4. And, lastly, as to the doctrine of chronic diseases. I think there can be no doubt of the immense benefit which has resulted therefrom in the past, in the tendency it has given us to look to the possible constitutional origin of local and superficial affections, and to treat them accordingly. This view, and our possession of the "anti-psoric" medicines, has placed us on the same vantage-ground towards all such affections as, *e.g.*, the knowledge of the syphilitic origin of many examples of nervous disease has afforded in general medicine. There is a tendency in a certain school of homœopaths to think of all disease as local, and to neglect medicines which have not an absolute physiological action dependent on dose. Such, for instance, would be the result of my friend Dr. Sharp's system, if it were allowed to embrace the whole sphere of therapeutics. We need, I think, to be recalled to Hahnemann's sounder standpoint if we are not to lose many of the triumphs over chronic disease which have hitherto waited on the steps of those who have adopted his method.

* See *Amer. Hom. Review*, vol. iv.

The second of our "Two Homœopathies" is now before us. It is that which Hahnemann taught and practised between 1806 and 1828. With the further modifications which took place subsequent to the latter date I have nothing at present to do. The new points which a man makes after 74 have no *à priori* recommendation in their favour; and that the first of them here was the fixing the 30th attenuation as the uniform dose of all medicines, whether for provings or for curative purposes, does not invite us to welcome the rest. To make the Hahnemann of 1880—48 our guide is, I think, to commit ourselves to his senility. But the second homœopathy which I have been expounding to-day is the fruit of his ripest manhood, and I think it ought to be more cultivated than it is in England at this time. I doubt whether it is, at least in all hands, applicable to the exigencies of every-day practice and the treatment on a large scale of acute disease. But when there is more leisure, and especially when chronic disease comes before us, I think that our best hope of making certain and speedy cures, whose brilliancy shall recall the earlier days of our system, lies in our adherence to that (shall I call it?) higher homœopathy which the genius and toil of its discoverer have elaborated for us.

And as I spoke of the other form of our practice as having an irenical value, in that there was so little in it to repel our colleagues of the old school, so I must think it a great advantage in the more distinctive homœopathy I have now characterised that it will preserve the method of Hahnemann from absorption. That we individually should lose all we now have of separateness in name and position, and should merge in the general body of the profession, is for me a prospect full of satisfaction. My only dread would be lest our method should suffer in the process of amalgamation—should be shorn of its integrity, and remain only in the specific remedies which it has up to this time discovered. Believing that its loss would be a disaster alike to medical science and to humanity, I plead for this fuller carrying out of its developments, in which its distinctive nature is and will remain unmistakeable. Let the full homœopathy of Hahnemann be criticised and tested to the utmost, but let it not perish!

[In consequence of the lateness of the hour no discussion of this paper was possible.]

PULMONARY EMPHYSEMA, ITS PATHOLOGY
AND TREATMENT.

BY EDWARD T. BLAKE, M.D.*

MR. PRESIDENT AND GENTLEMEN,—On first glancing at our syllabus, you may have felt inclined to complain that I have not selected a very fascinating subject for consideration on so exceptional an occasion as that of our annual gathering.

Yet you will admit that the least attractive manifestations of disease are frequently the most important in their bearings on our practice.

In a clinic given at Guy's Hospital last May, a distinguished pathologist made the following excellent remarks: "Young practitioners often complain of a want of interesting cases; that is, cases of acute disease, neglecting to observe the clinical aspect of chronic changes in the tissues and organs. Disease is mostly a chronic process, ending in acute changes. Acute changes do not often occur in really healthy people."

These observations merit our most careful attention. It is probable that no other chronic condition with which we are acquainted leads up to such various forms of acute disease as that which we are now considering; and, as the benefit of our fellow men, rather than the performance of brilliant exploits, is the aim of our lives, this is a subject with which we shall do well to thoroughly familiarise ourselves.

Pulmonary Emphysema is a complaint which we *may* all experience in our own persons, for it is the common *route* by which senile decay conducts to death. It is a disease which we *must* all encounter, for it exists at all ages—in every rank of society.

Were I to seek for further apology for my selection, I might remind you that a monograph upon this disorder is not to be found in our writings; this is the more curious when we reflect how largely our literature treats on chronic affections.

Emphysema, in so far as its recognition goes, is a modern disease. Before the time of Laennec it was classed clinically with asthma. Valsalva, Morgagni, Majendie,

* Read before the British Homœopathic Congress, Liverpool, 13th September, 1877.

Baillie, Ruysch, Floyer, Storch, Bonetus, and Van Swieten, had already recognised its existence after death, but they failed to associate it with its living phenomena.

To Laennec then is due the credit of accurately describing the *ante-mortem* indications of Emphysema, and of relegating them to their corresponding *post-mortem* appearances.

There are those present who were living when René Théophile Hyacinthe Laennec, at the age of thirty-five, was appointed to the Hôpital Necker, where he first used the instrument that made him famous, the stethoscope, which, in Recamier's hand, was destined in ten short years to predict his own fate, and by the very disease*, whose nature he had done so much to elucidate. In this month of September, exactly fifty-nine years ago, and after only two short years of hospital work, Laennec sent forth to the world two small octavo volumes, whose contents were to revolutionise a great department of medical science, to form the basis of modern physical diagnosis, and to exert an influence impossible fully to estimate. These contained the immortal treatise, "*De L'Auscultation Médiate.*"

In handling our subject we cannot do better than adopt Laennec's division of Emphysema into

1. Vesicular,
2. Interlobular,

and as we rarely encounter the second form unless as an after-effect of advanced vesicular Emphysema,† we shall confine our attention to the intra-lobular or vesicular variety.

Vesicular Emphysema is of three kinds :—

- I. Partial, lobular Emphysema.
- II. Lobular Emphysema.
- III. Lobar Emphysema.

As the first of these divisions is a matter rather of scientific interest than of clinical importance, and as the last (lobar) asserts its presence in a way which would be very difficult to misunderstand, we will devote our chief attention to the second form, *i.e.*, lobular emphysema.‡

* It is an odd co-incidence, that as Lancisi and Corvisart died of heart disease, so the lives of Bayle and Laennec were terminated by pulmonary phthisis.

† Traumatic cases prove, of course, an exception to this.

‡ There is little doubt that when pleurisy supervened in other acute affections of the lung, Laennec describes it as emphysematous "*frottement.*"

Ætiology—To speak of the causation of Emphysema I must rapidly recall the minute anatomy of the air-cells. These air-sacs are not visible to the unarméd eye.

The mottlings we see on a lung are lobules. Lobules are bunches of "lobulettes" (as Waters, in his well-known Fothergillian Essay, calls them); lobulettes consist of collections of air-sacs, six to twelve in number.

Air-cells are not spherical but cylindrical, some of them bulging gently towards the base. In shape resembling a gall-bladder, or the cæcum of the rodentia. A lobulette looks like a dahlia-root, each tuber answering to an air-sac.

Adjacent sacs are separated by a thin membranous wall; when inflated, they tend to become more spherical, but owing to mutual pressure, the parietes are flattened, and they thus become polygonal. If we slit up lengthwise a single living sac in health, we should find it of a rich rose-pink tint, the surface covered with small cup-shaped depressions, eight to twenty in number. These *alveoli* are most numerous at the fundus. As the base of the superficial air-sacs rests on the pleura, these *alveoli* play a very prominent part in the production of lobular Emphysema. In the deeper portions of lung these are supported either by one another, by the bronchial tubes, or by blood-vessels; here it is not so. At some points the alveoli are supported by the thoracic wall, but this is plainly a defective support, not being equally and generally applied, besides that, it is in a constant state of motion. This extraneous support is most inadequate at the apex, at the junctions of pleura with the anterior mediastinum and with the anterior edges of the diaphragm, hence at these points we find Emphysema of most frequent occurrence.

This affords strong evidence that there is a large physical element in the production of lobular Emphysema.

The only invariable element in lobular Emphysema is cough. More than that, we know clinically that the amount of Emphysema is in proportion with the amount of cough: so here practical fact coincides with theoretically probable views.

Laennec held what is known as the "Inspiration Theory" of Emphysema. The bronchia leading to a group of air-cells is blocked by swelling of mucous membrane, or by a mucous plug. Air is suffered to pass into cells, but cannot escape. The heat of the lung expands the air, and tends thus additionally to dilate

the sacs and the bronchia. If the sacs be supported circumferentially, they may escape rupture, if not, owing to the pressure of surrounding cells on their sides, they burst at the base, and extravasation of air takes place.

Now this is a most charming theory, coherent in all its parts. But, alas, utterly fallacious! Were it true, vesicular Emphysema would always and immediately set up the interlobular variety. But this is not so. Collapse and Emphysema are not found associated; if co-existent in the same lung, both are not seen in the same part of it.

Again, physiological chemistry teaches us that the external air when inspired, does not pass immediately into the cells, but at first as far as the fine bronchiæ, mingling with the air, already in the air-sacs in obedience to Graham's "Law of Diffusion of Gases," Hutchinson has shown that, contrary to Laennec's teaching, expiration may be much more powerful than inspiration, even though the former chiefly depend *apparently* on the elasticity of the lung, and seem to possess a less powerful muscular apparatus. To Gairdner is due the credit of demonstrating that the effect of plugging a bronchial tube is to lead to *collapse* of that portion of lung supplied by it with air.* So this truly fascinating hypothesis must be abandoned as wholly untenable.

Gairdner, having demolished the hypothesis of Laennec, naturally produced a theory of his own. Having shown that the blocking of air-approach leads to collapse of the lung behind, he urged that the pressure of such a collapsed portion of lung being taken from the circumferential air-sacs, they having no support at this point, naturally give way, probably during forced expiration. Thus, then, Emphysema is produced. Now, gentlemen, if the theory of Laennec was ingenious, surely this hypothesis is perfect! But, unfortunately, we do not find it at all necessary that Emphysema should be preceded by collapse; we do not find even that the two conditions affect the same locality. There is not only a want of evidence that the same amount of air enters the lung after collapse as before, but we have good ground for supposing that the reverse is the case, for

* This is the condition which was at one time looked upon as inflammatory, and which is still described in many manuals as "lobular pneumonia."

the parietes fall, and the actual cubic content of the thorax is thus soon accommodated to the new state of things.

This could only be true, were the thorax a firm box, with unyielding walls.

It is not the case, as Gairdner and Aitken take for granted, that a certain volume of air must enter the lung at each inspiration. Exactly as much air enters as is required to fill the patent cells—so much and no more. If, then, some cells be abolished, so much the less air is required, so much the less enters the lung.

Again, air is drawn equally to all parts of the lungs, there is no power to determine air to one part more than to another.

Rainey asserted that fatty degeneration precedes emphysematous destruction, but other observers fail to find the fat.

Sir William Jenner now ventilated the view that "fibroid degeneration" paved the way to this disease, and that the yielding nature of the costal cartilages predetermined the site. This preliminary "fibrosis" undoubtedly obtains in some kinds of Emphysema, notably in the Emphysema of the gouty, and perhaps in that type which is seen to perfection in the parturient woman; but that this view does not invariably commend itself, is shown by the following considerations.

a. The lung is often most rarefied at the apex, where the cartilages are shortest.

b. The disease is seen most frequently and most highly developed in the aged, in whom the costal cartilages are ossified.

Probably Dr. Waters comes much nearer the mark when he tells us that Emphysema is ordinarily produced during *forced expiration*. That is essentially the article of his faith. He shows that air is driven upwards by the contractions of the abdominal muscles and of the diaphragm. Violent contractions of muscles so powerful as the *recti abdominales* cause a strong upward draught, this may be seen by the bulging of the supra-clavicular spaces during severe efforts at expiration.

The air-cells give way where they meet with least resistance. This is especially the case at the apex, less so at the anterior free edges. Hence Emphysema is most frequently seen at the apex, afterwards at the fringes.

This holds good to a much more marked extent in extreme infancy, when the seeds of Emphysema are so frequently sown.

In the cylindrical chest of early childhood, there is scarcely any lateral expansion. The breathing is chiefly diaphragmatic. The direction of expulsion is at that time represented by a vertical line drawn nearly directly upwards.

HISTORY OF A TYPICAL CASE.

In this disease it is probably the exception rather than the rule, that advice is sought on account of symptoms evidently connected with the lung itself, unless indeed some other more prominent pulmonary mischief be co-existent.

The history of a typical member of this class is something as follows :—A male patient, in middle life, comes, impelled by some slight gastric, cardiac, or hepatic disturbance, to seek our aid. On searching into the medical history, we hear that he had whooping-cough, or perhaps severe bronchitis in childhood, or failing those, that later in life he has been addicted to severe and *intermittent* athletics. The disease usually advances *furis furtivo pede*, but not always. The patient is often well-built and not badly nourished. The florid colour, the facial hypertrophy, the protuberant sternum, or barrel-shaped thorax, give the delusive appearance of robust health, and of a vital capacity even beyond the average. Such patients mislead both themselves and their friends by being capable of a really remarkable amount of sustained physical exertion, if not compelled to work “against time.” They are, however, obliged to plead guilty to a slight but increasing tendency, especially after a full meal, to walk leisurely up hill; and they no longer ascend the stairs two or three steps at a time. They present usually a cheerful face to society, but they become subject to occasional attacks of inexplicable mental sombreness, quite foreign to their nature.

The complexion may be pale at first, then it becomes sallow, then red, and in the last stages even purple. The sclerotic is a little injected, and faintly tinged with bile. The lower lid is full and puffy in the morning. The tongue coated posteriorly, and there is more or less follicular affection of the pharynx. The uvula is frequently found relaxed, and the patient complains, if the night be at all cold, of a cough, especially noticed about 2 a.m. The cough is dry and irritating in character, and is

aggravated by the dorsal decubitus, and relieved by lying with the shoulders raised.

Five chief causes of cough may be enumerated :—

1st. The follicular disease of pharynx, causing dry throat.

2ndly. A long uvula, vibrating with the respiration, may titillate the posterior pharyngeal wall.

3rdly. A mass of the characteristic, white-of-egg emphysematous secretion may have to be detached and removed.

4thly. Cold air impinging on the skin may produce a reflex cutaneous cough.

5thly. In the dorsal posture, the abdominal organs generally, but especially the liver, often enlarged in these cases, may press upwards against the diaphragm, driving it in turn against the lung-substance.

The last cause is aided by the gradual filling of the bladder during the night, and by the increase in volume of the intestinal gases, on account of the heat of bed.

Should the patient have acquired his Emphysema in childhood, we find, on inspecting the chest-walls, a prominent sternum and protruding cartilages.

Otherwise the chest tends to become generally deeper in its antero-posterior measurement; this, with the bulging of the costal interspaces, gives the peculiar barrel-like or cylindrical form to the emphysematous thorax; at the same time the dorsal vertebræ become more arched.

Respiration is more or less confined to the diaphragm (abdominal breathing).

Whilst the inspirations are shortened, the expiratory efforts are abnormally prolonged.

In uncomplicated cases the apices, anterior and inferior pulmonary margins, are hyper-resonant. We should bear in mind that tubercle or hepatisation behind an emphysematous stratum will yield, on deep percussion, a normal resonance.* This may induce the medical attendant to pronounce the chest free from disease, when grave mischief is lurking unsuspected.

HEART.—The heart tends to dislocation, usually downwards, inwards, and sometimes backwards. Its area is hyper-resonant, whilst deep percussion reveals more or less enlargement of the right heart. The action of the organ is infrequent and quick.

* This is well seen in Case IV.

General Emphysema never spares the heart. For years the affection may be confined to the right side, and the most frequent condition is dilatation of the right ventricle, with secondary tricuspid insufficiency. As this lesion often yields no murmur, its existence is usually ignored, and *that* just at the time when most may be effected for its arrest.

If deep percussion show enlargement of the right heart, and we find slight general anasarca, not caused by anæmia, nor by renal disease, then we may infer the presence of tricuspid regurgitant.

For years, as we have said, the disease may be confined to the right side, but in time, if the patient live long enough, the left ventricle becomes hypertrophied. But why hypertrophy? On *à priori* grounds we should expect atrophy and dilatation. Probably it is because the displacement of the heart flexes the efferent ventricular vessels on themselves, thus narrowing their calibre, and presenting greater resistance to the exit of blood. This would explain, too, the hypertrophy, superadded to dilatation, of the right ventricle in advanced cases. (*Waters.*)

This thickening of the cardiac wall has an interesting analogue in the hypertrophied uterus, secondary to flexions of the body on the cervix.

If in an emphysematous case, one or both of the auricles be considerably dilated and hypertrophied, a condition not at all uncommon when chronic Bright's Disease exists as a complication, we may get what Sibson called a "reduplicated first sound," the *bruit de galop* of French observers. The new sound really precedes the natural first sound of the heart; it is produced by the contraction of the abnormally powerful auricle.

If the sound blend with the first sound of the heart (ventricular systole) we must remember the warning of Dr. George Johnson* not to mistake this reduplication for the murmur of mitral regurgitation.

I think it probable that the heart has more to say to the dyspnœa of emphysematous subjects than is ordinarily supposed.

Witness that the dyspnœa does not usually appear at the commencement of exercise, but it supervenes as the inadequate heart begins to flag; this explains why some

* Lumleian Lectures, 1877.

highly emphysematous subjects, having a fairly good heart-action, scarcely complain at all of difficulty of breathing during exertion.

In favour of this view, we may note that the dyspnœa is greatly aggravated by such causes as emotional excitement and sudden temperature-variation, both of which especially perturb the heart-action; and again the dyspnœa is soothed by cardiac sedatives.

The dyspnœa of Emphysema is due not alone to lung, or even heart-changes plus rib-immobility, for as the base of the chest enlarges, the diaphragm, instead of being arched upwards, comes to be stretched across the lowest plane tense and flat like the parchment on a drum. In this condition it cannot, by its contraction, increase the capacity of the chest, but, on the contrary, it will tend rather to diminish the thoracic content. Again, in more advanced cases, the enlarged lungs actually bulge the diaphragm downwards, so that its contraction directly compresses the lungs.*

This depressed condition of the diaphragm indicated by Dr. Wilks is aggravated by the physical effect of the engorged liver, usually present, exerting downward traction on the broad ligament.

BRONCHITIS is one of the commonest causes of Emphysema. But the condition so frequently met with as complicating Emphysema, and usually styled "bronchitis," is more accurately a species of bronchorrhœa.

BRONCHIECTASIS, if the patient live long enough, is nearly always present; it is of two kinds:—

1. General—cylindrical or fusiform.
2. Saccular (ampullary).

The site of the saccular form is determined by an interesting anatomical peculiarity in the larger air-tubes. It is the extreme natural thinness of the internal fibrous layer of the large air-tubes at certain points. This is an example of homology of type, the typical perfect condition being seen in a much more highly organised animal, the

* To Dr. Wilks we are indebted for pointing out this perversion of the chief function of the diaphragm. To the same accomplished pathologist we owe the recognition by the main body of the profession, of the anti-pyretic properties of aconite, first pointed out by the illustrious Hahnemann.

This "Nicodemus of Homœopathy" is now striving to restore the neglected antimony to its place in the treatment of Emphysematous Bronchorrhœa.

pig! the plicated folds of whose bronchial mucous membrane form a sort of sieve, admirably adapted to the damp and dusty atmosphere inhaled by a perpetually grubbing animal!

ASTHMA.—Long-standing Emphysema is nearly always associated with more or less asthma*. This complication is probably a result of the hypertrophied condition of the circular bronchial muscles. Obeying the laws which govern the idiopathic form, it demands no especial notice here.

HÆMOPTYSIS.—Three conditions lead to spitting of blood in the disease before us.

First, and probably the most usual, is the mere capillary rupture resulting from the destruction of lung tissue.

2ndly. The follicular affection of the pharynx nearly invariably present, is frequently associated with local varicosis. A pouched vein, enlarged by the reflux caused by thoracic obstruction, is easily burst by the effort of coughing.

3rdly. Blood-spitting may result from pulmonary stasis caused by disease of the right heart.

It is this tendency to hæmoptysis which led men, in former days, to diagnose Emphysema as a form of "consumption." And, indeed, should dilated bronchus, with foetid, purulent expectoration co-exist, the case even now may, by a careless or ignorant practitioner, be set down as "a decline."

This error of diagnosis is the more likely to occur in that the peculiar absorption of the ungual phalanx, supposed at one time to be a sure diagnostic sign of "consumption," is often present in these cases.

Bronchiectasis is the disease that was known to our forefathers as "mucous phthisis of the aged."

SPECIAL SENSES.—*Ear.*—Tinnitus is common in the later stages, as a result of the secondary cerebral congestion. Impaired hearing may occur by extension of the follicular affection from the throat along the eustachian tube.

Eye.—No change has been observed which is typical of Emphysema. If the vision be affected it is via the heart. It commences by capillary modification, the choroid and retina becoming affected by exudations, collateral circulation from stasis or embolism.

* The symptoms of arsenical wall-paper poisoning so closely simulate, in some cases, those of Emphysematous Asthma, that the possibility of its existence should always be borne in mind in making a diagnosis.

MOUTH AND THROAT.—One of the most characteristic indications of Emphysema is the condition of the mouth. During the earlier stages it may be closed during rest, but it is instinctively opened during exertion. This becomes more and more marked as the disease advances. In time it leads to a peculiar fulness and dropping of the lower lip. In dry weather this aggravates the irritable condition of the pharynx produced by the follicular disease always present in pulmonary Emphysema. Secondary symptoms, such as this condition of the throat, indicate not only a qualitative but a quantitative deterioration in blood-supply; on this account they are valuable as affording an approximate estimate of the amount of cardiac engorgement.

ABDOMINAL ORGANS.—There is more or less dyspepsia, of which one of the commonest symptoms is flatulence. The bowels are torpid, the liver enlarged, there is portal congestion, with resultant pile.

Through the enforced general muscular inactivity, the lower extremities may be quite attenuated, yet on careful pressure in the evening over the lower portion of the tibia, the characteristic "pitting" may be obtained.

Increasing difficulty of locomotion leads to more and more dwindling of the muscles of the legs; the flaccid abdominal walls relax, the belly growing protruberant. Dyspepsia is aggravated by want of exercise, and badly elaborated blood produces deteriorated tissue.

Hernia in men, prolapsus uteri in women, may now complicate the case. Degeneration of lung-parenchyma sets in with the middle-aged, probably the fatty form, with subjects more advanced in life; the air-cells losing their elasticity are ready to give way with the slightest over-exertion. This state of things is common to both the heart and lungs. The cavities of both continue steadily to enlarge. The ordinary exertion of even sneezing, of straining at stool, the result of the constipation present, is now quite enough to break down lung tissue.

If the patient be resident in a catarrhal country, winter may bring some form of acute pulmonary disease, then the necessary fits of coughing will greatly accelerate these processes.

Systematic indulgence in alcoholic drinks, especially in fortified wines and ardent spirits, serves to give our subject a fresh impetus on the downward road, not only

through impaired digestion, by putting extra duty on an already enfeebled heart; but also by still farther engorging the liver, thus assisting to land the patient in the advanced stages of Emphysema.

At this point it is impossible to misunderstand the condition we encounter. The appearance is peculiar and most characteristic, the head seems shrunk into the shoulders, as if a heavy weight had fallen on it, and telescoped it into the thorax, this is due to the raising of the clavicles and shoulders from constant efforts at extraordinary respiration. The face expresses anxiety or distress, it is dusky-red and puffy, the former from badly aerated blood, the latter from œdema, and a peculiar hypertrophy of the facial muscles and cellular tissue; the eyes are bloodshot and prominent, the lids baggy, the nostrils flapping and dilated, the corners of the mouth drawn down, the neck looks tendinous, the *sterno-mastoids* and *scaleni* standing out in bold relief. If we watch the patient breathe, we see on inspiration, which is unnaturally brief, the nostrils expand, the mouth open, the hands resting on the head of a stick, or the arms of the chair, the thorax moves but slightly, the lower abnormally-everted ribs actually falling in instead of rising, and the patient resembling a frog in the way in which he seems to bolt his allowance of air.

Unlike asthma the respiration is infra-abdominal, the upper abdomen often remaining unmoved.

Expiration is prolonged sometimes lasting even longer than inspiration (as in Case III.), the patient makes ineffectual efforts to expel the air from a lung that has lost its elasticity. His inability to do so is the cause of great distress. If we apply the stethoscope, we may hear during inspiration the *râle crépitant sec* of Laennec. Laennec attributed this to air entering and dilating the dry emphysematous areolæ. This cannot be so, because as the air does not pass out of these areolæ, it cannot very readily re-enter them; besides it is so uncertain in its existence that it must depend upon some fortuitous and temporary condition. We know that when the skin is inactive, the subjects of this disease are prone to a glairy, white-of-egg expectoration, the vibration of this in the smaller bronchiæ is doubtless the cause of this crepitation. It is interesting to observe that as the subject of emphysema imitates the *reptilia* in inspiration, so he approaches them at another

point, that of internal temperature. The blood-heat diminishes, *pari passu*, with the pulmonary deterioration.

Before this time there appears in some patients a sign of which I cannot find a recorded description, and to which I desire especially to call your attention, to ask your experience concerning it, and your views with regard to its mechanism. It is by no means of invariable occurrence, but I have not yet seen it where vesicular emphysema is absent, and when I do encounter it, it always serves to draw my attention to this rather neglected condition. I refer to a peculiar fringe of dilated branching cutaneous blood-vessels, pale purple in tint, running downwards and inwards from the lower edge of the anterior thorax in the direction of the insertion of the diaphragm.

We know that the venous blood from the thoracic parietes is returned to the heart, partly *viâ* the intercostals, chiefly by the internal mammary veins; the latter pass up behind the sternum, and would suffer compression between it and a highly emphysematous lung. This would throw the blood ascending at a disadvantage back upon the capillaries, the internal mammary arteries, exposed to the same conditions as the veins, unable to receive it, it passes to the vessels of the surface, which are free from pressure, and causes the peculiarly dilated condition of the superficial arterioles which we have been contemplating.

Emphysema *rarely* conducts directly to death. In the great majority of cases, a more acute affection of the undestroyed portions of lung figures as the immediate *causa mortis*. Hypostatic, basic congestion is not uncommon, its occurrence is favoured by the languid heart. Still more frequently the patient expires, worn out by repeated attacks of bronchitis, blocking and disabling the limited portions of active lung still left to carry on the functions necessary to life.

Apnoea.—Death from this cause often closes the scene. We can see that the progressive increase of venosity of the blood must find a limit, and in time asphyxiate the patient, but there is a less-recognised cause of apnoea. Towards the close of existence, fibrinous clots form in the large vessels at the base of the heart, and greatly impede the currents through the aorta and pulmonary artery.

The most typical example of this that has occurred to me was in a lady who died in the last month of pregnancy. Though ten years have passed, I still retain a vivid recollec-

tion of her distressed appearance, her cyanotic face, the purple lips, and chilly hands. This obstruction in the large vessels explains the curious phenomenon of a fairly strong heart-action, accompanying a pulse feeble and thready in the extreme.

But existence *may* be suddenly terminated by over-exertion, where a previously degenerate heart has been thinned and dilated to an unusual degree. A graphic sketch of such a catastrophe is given by Dr. Wynter, in his essay on "The Effects of Railway Travelling upon Health." "A friend tells us that he was greatly surprised some time since to find a gentleman sitting in a chair, with a handkerchief over his face in the open space where they take tickets at the London Bridge Station, on inquiry of one of the porters, he was told that he had just dropped down dead in the room, after running to save the train. It is not often we see such an awful example of the effects of forced bustle thus dramatically placed before our eyes, but be sure that scores of persons drop down dead in the counting-house, or sleep the last sleep in their beds, from this very cause."

Embolism may be the immediate means of bringing about a fatal issue, the mode of death varying with the locality of the spot.

LOBAR EMPHYSEMA—The time will probably come when we shall recognise many more distinct varieties of emphysema. We know now that clinically we must look upon acute lobar emphysema as a separate species, not merely an exaggerated form of the ordinary lobular kind. Its undoubted heredity,* its sudden yet insidious onslaught, its rapid increase without cough or over-exertion, its emphatic tendency under certain circumstances, to lead quickly to a fatal termination, all point to a disease having certain prolegomena of which we know but little; and to a specific characteristic history, about which we are equally in the dark. Is it arrested lung-innervation?

Acute lobar emphysema would be a very grave disease, from the fact alone of its giving rise to so few symptoms, till extensive ravages have taken place. We are rarely consulted in the earlier stages, and when our advice is sought, we know so little of the exciting causes, so little of

* Ordinary emphysema is hereditary in 60.4 p.c. (FULLER), lobar emphysema much more so, but we have no data.

the actual pathology, and so little of the influence of remedial agents that, were it not for symptomological therapeutics, our hands would be tied indeed!

In lobar emphysema there are four distinct pathological stages:—

1. Distension of air-sac.
2. Atrophy.
3. Perforation.
4. Parietal absorption.

Dr. Granville Bantock has shown that the greater number of unilocular ovarian cysts are primarily multi-locular, but as the *loculi* become distended with fluid, their growth not being proportionate, the septa are stretched, thinned, perforation takes place, and absorption then ensues, leaving no trace of the septum beyond a fibrous ridge on the inner surface of the cyst; this serves very well to show what takes place in the lung. Owing probably to the presence of some dyscrasia, especially gout, and syphilis, the sacs lose their elasticity, they will not tolerate even ordinary respiration-pressure, they dilate in all directions, and sometimes so rapidly as to put an end to life even before the existence of disease is suspected.

Clinically, then, the salient features of this form of disorder, are:—

1. Heredity.
2. Swift and latent course.
3. Obnoxiousness to treatment.
4. Steady tendency to death.

Unlike most other diseases, especially of the chest, the younger the patient—the graver the prognosis.

Treatment.—We shall now consider the treatment of emphysema and its complications. And here, gentlemen, a very important practical point presents itself. I look with confidence that much light may be thrown upon it by your experience and judgment. A typical patient, such as I have portrayed, comes to us with the four pathological conditions:—ruptured air-cells; dilated heart; engorged liver; general anasarca. How shall we commence the work of restoration? Shall we “cover his symptoms” and content ourselves with administering a single dose of the appropriate remedy in the 30th or the 200th attenuation, watching the results, should any ensue, from the serene heights of a calm and lofty philosophy? I fear that, spite of the solemn Shibboleth of Hahnemannianism still ringing

in my ears, I must plead guilty to attacking one member of this pathological quartette, at a time. Of the four, I make it a practice to select the most urgent first. Thus, a short time since, a gardener came to me with vesicular emphysema; enlarged liver; slight anasarca and cardiac vertigo. There were present also palpitation, flushing, and morning "biliousness." The giddiness prevented the performance of his duties, stooping, ladder mounting, &c.

I gave *lachesis* 6, for one month. Under its use the vertigo and palpitation passed away. He then had *digitalis* 1, t. d. s. and *ferrum reductum* 1x after dinner daily. Under this treatment he is steadily improving.

In this case I addressed myself first to the cardiac symptoms, because they prevented the poor fellow from earning his living!

But on this point I should especially wish to have the benefit of your practice and experience.

HEAD.—For the flushed face and turgescence of the cervical vessels:—With dyspepsia, *carbo veg.* With constipation, *opium*. With tinnitus, *arnica*. With head and eye symptoms, *bell.* With throbbing headache, *glon.* With spinal symptoms, *agar.* With palpitation, *amyl.* With palpitation and flatulence, *laches.* With vertigo, *dig.*, *nux.*, *sulph.*, *con.*, *agar.*, *solanum*.

THROAT, LARYNX AND LUNG.—Relaxed uvula, *nux. v.*, with the local use of some mild astringent gargle, as Condy's Fluid, at bedtime.

Follicular pharyngitis, the *iodides of mercury and of potassium*. I have seen much benefit accrue from occasionally brushing the follicles with *carbolate of glycerine*.

Very hot drinks, smoking, talking in a carriage, bawling, and the use of coal-gas should be forbidden.

Cough—Loose mucous c. (glairy sputa), *scilla*. With laryngeal tickling, *lach.* With cardiac symptoms, *lach.*, *lycopus*, *sang.*

Nocturnal Cough—With relaxed uvula, *vide supra*. With dreaming *hyosc.* From cold skin, *rumex*.* With localised pricking, *ac. nit.*

* Warm coverlet, even temperature, moist atmosphere; in these cases the "Bronchial Kettle," which may be used for disseminating a medicated vapour, is admirable. Rapid cold sponging of chest at bedtime, followed by friction with hot towel, is most valuable.

In the tedious course of bad nights, we shall certainly require to call up corps after corps from our reserve. We may then think of the different members of the solanaceæ, the *monobromide of camphor*, *sticta.*, *succ.-con.*, *verat.*, *viride.*, *cann.*, *humulin*, *lactucin*, *lactic acid*, *valerian*. And as *derniers ressorts* the *bromide of potassium*, *chloral*, *chlorodyne*, and *morphia*.

ASTHMA.—Spasm of hypertrophied, bronchial muscles, *nux v.*, *cupr.*

DYSPNŒA.—With mucous accumulation, *samb.*, *seneg.* (Senile) *tart. emet.*, *kali carb.* With nausea, *ipéc.*, *lobel.* With cyanosis, *ac. hydrocyan.* With œdema pulmonum, *ars.* With basic congestion,* *tart. emet.*, *hep.*

FATTY DEGENERATION OF HEART AND LUNG.—*Phos.*, *chalybeates*, *cod-oil*. Fish and milk diet. Bread made from entire wheat flour.

HÆMOPTYSIS.—From capillary rupture, *arn.*, *millef.* From violence of cough, *ipéc.* From pharyngeal varicosis, *hamam.* From cardiac complications, *acon. sec.*, *ferrum acet.*

BRONCHIECTASIS.—*Kali carb.*, *kali bich.*, *phos.*, *stann.* If fœtid, purul. exp. inhale *ac. carbol.*, or *kreos.*

BRONCHITIS.—With mucous rhonchus (coarse), *samb.*, *spong.* (fine), *ipéc.* With tenacious exp. or yellow tongue, *kali bich.*

Chronic bronchitis, *copaib.*, *cubeb.*, *tereb.*, *sulph.*, *seneg.*, *sibic.*

Senile bronchitis, *kali carb.*

Bronchorrhœa, *puls.*, *scilla.*

Thoracic pains, *acon.*, *bry.*, *kali carb.*

Renal complications, *ars.*, *merc. corr.*

DYSGRASÆ.—Struma, the so-called "antipsorics," combined with the use of milk and cod-oil.

Gout, *ac. nit.*, *colch.*, *kali hyd.*

Syphilis, *merc.*, *corr.*, *kali hyd.*

HEART.—Palpitation.—With stabbing pain, *spig.* With flushing, *laches.* With dyspepsia, *lycopod.* With constipation, *nux vom.*

Dilatation, *dig. ferr.*

Fatty degeneration, *phos.*, *ferr.*

Cardiac vomiting, *dig.*, *ac. hydrocyan.*

Anasarca, v. dilatation supra, *ars.*, *apoc.* Tea and tobacco may have to be interdicted.

* Prolonged inspirations and facial decubitus tend to shorten these tedious cases.

Heart affection, with engorged liver, *dig.*, *nux.*, *chin.*,
sulph., *lycopus*, *cornua*, *æsculus*, *hydrast.*

LIVER, *pod.*, *acon.*, *merc.*, *iodine*, *lept.*, *bry.*, *hep.*

Liver.—It is certainly of vital importance that we should distinguish between primary affections of the liver, and those secondary to emphysema.

However much we may feel inclined to deride the niceties of diagnosis, every man's treatment will depend upon a hypothetical picture of his patient's case existing in his own mind—either consciously or unconsciously.

If we overlook the pre-existent and causative lung-condition, we shall taboo the very elements of nutrition most urgently demanded to prevent the steadily increasing degeneration of heart and lung-tissues.

Thus we shall feed the cause whilst trying to cure the results!

Of course the rule of probabilities will be in favour of "a cardiac liver," as, unless during such a season as the summer of last year, primary hepatic affection is far from common in this country.

GENERAL MEASURES.—I attach the very greatest importance to the *general* treatment of emphysematous patients.

Of course the first thing to do is immediately to interdict all avoidable violent exertion. Then we should aim at removing symptoms such as cough and constipation that lead to straining. Next, remembering to how great an extent the functions of the lung may be carried on vicariously by the skin, we must, by means of friction, hot-air baths, and hydropathic packings, keep that important emunctory in thoroughly good working order. If the belly be pendulous, a good broad abdominal belt, by keeping up the viscera, helps to return the diaphragm to its normal position.

If asthma or dyspepsia be markedly present, we must attend to the state of the stomach in the usual ways.

Knowing what large lungs are seen in the herbivores, whilst pure carnivores, such as some of the reptilia, may be nearly independent of pulmonary appendages, we should on theoretic grounds, order concentrated forms of animal food.

Wine is so apt to aggravate the hepatic complication, that I usually withhold it up to the last stage. The free use of skim-milk well supplants the employment of alcoholic beverages.

CLIMATE.—Where it can be selected, is a question of the last importance. For uncomplicated emphysema, a sedative, yet moderately dry, air is undoubtedly the best. An important point to be borne in mind is not to select a hilly district, lest dyspnœa debar the patient from needed exercise. These indications are to be found in such localities as Leamington, St. Leonard's-on-Sea, Clifton, Weston-super-mare, Ryde, Grange, and those parts of Surrey which are sheltered by the North Downs. Farther from home are Rhodes, the Nile, and Teneriffe. If there be complications, of course they may demand an amount of special consideration that will eclipse the primary morbid element.

CASES.

CASE I.—*Lobar emphysema—arterio-capillary Fibrosis.*

J. G., æt. forty-six, is a tailor by trade, a volunteer band-master by preference, something like another J. G. immortalised by the poet Cowper. He has been under various physicians of various creeds, and is now accounted somewhat of a *bête noir*: he certainly has received more advice than assistance from the excellent members of our cloth, with whom he has come in contact!

I found the patient sitting bolstered up in an arm-chair, with legs dependent. This is his easiest posture, and in it he spends most of his existence. He is of medium height, face pale and pock-marked. He has played a great deal upon large wind instruments. Has felt for some years a progressive difficulty in breathing, with gradually increasing pain over the anterior wall of the chest; the latter symptom is worse during inspiration. Since the dyspnœa, the legs have been observed to swell, they pit deeply under pressure.

Physical Examination.—I find a peculiar scleroma of the pectorales, and of the serrati muscles. There is considerable general anasarca. There is general lobar emphysema, I can detect no cardiac lesion other than the inevitable tricuspid regurgitant and right dilatation of emphysematous subjects. The urine is deficient in colouring matter, loaded with albumen, but never at any time were casts discernible. Remedies did little for this unhappy sufferer, who died in a few months of anæmic exhaustion. Unfortunately a *post-mortem* examination was not permitted.

This is an example of the idea now gaining ground through the researches of Gull and Sutton that at least one

form of "Bright's Disease," associated with "the contracting kidney," is only a local expression of a general condition called by them "Arterio-capillary Fibrosis." Could we have examined this poor fellow's muscles of extraordinary respiration, we should doubtless have found contracting fibrin freely deposited in the intersarcolemmatous spaces.

This condition may be analogous to Vogel's infantile scleroma of the sterno-mastoids.

CASE II.—*Vesicular Emphysema, enlarged liver.* R. C., aged thirty, like the preceding patient, is a tailor, like him he is a rifleman, and like him also he is addicted to the blowing of wind instruments. He is of medium height, clear skin, and bright colour.

There are plentiful strumous scars in neck and in left leg. He is troubled with a very irregular heart-action, and is sometimes faint or giddy. He feels nervous and irritable. He stimulates a flagging appetite with beer. He considers his general health good because he is never confined to bed.

Physical Examination.—The lungs are sound, with the exception of vesicular emphysema of apices and fringes, to sufficient extent to render inspiration and expiration equal in duration. There is no organic affection of the heart. The liver-line is six inches too low, this is partly procidentia, caused by the pulmonary emphysema. I diagnosed this to be a strumous liver, dating from childhood. It was too large to be the result of reflux of blood from a dilated right heart, besides there were neither ascites nor general anasarca present.

Treatment.—Under long courses of *digitalis*, of *podophyllum*, and of *bryonia*—with *ferrum redactum*, as a standing dish—his dyspeptic depression disappeared, his heart grew steady, and his liver slowly returned to its normal size. He now enjoys capital health.

I need scarcely say that I interdicted bassoons, beer, and battalion drill!

CASE III.—*Vesicular Emphysema.* W. R., æt. forty-four, schoolmaster. Had "inflammation of the lungs" at the age of twenty-six. From twenty to thirty he was an ardent cricketer and rifleman. As a volunteer he held the rank of colour-sergeant. He found that his wind was tested to the utmost by doubling up hill under the weight of accoutrements, &c. At the age of thirty-eight he became prone to headache, from which, however, he is now free. He is a short, sallow, spare man, with restless black

eyes, and a bright, intelligent expression. The bowels tend to be confined, but there are no anal symptoms. He feels lassitude in the early morning. The skin is greasy and torpid, the mucous membranes sluggish, for he has marked follicular pharyngitis. He has the characteristic barrel-thorax; inspiration occupies one second, whilst expiration extends over twice that period of time, so greatly is the relation between those processes disturbed.

Treatment.—I ordered total abstinence from athletics. Thanks to frictions, baths, *kali bich.*, *ars.*, and *sulphur*, this patient is now in the enjoyment of fair average health.

You observe, gentlemen, that I cite the three preceding cases, to show the ill effects of spasmodic fits of intermittent extreme exertion. Volunteers drill, on an average, once a week. During the intervals between exercise these men, owing to the nature of their avocations, led sedentary lives. Had they, like soldiers of the line, been drilled twice a day, it is probable that they would have resisted, with a far greater measure of success, the ravages of their insidious enemy.

CASE IV.—*Lobar emphysema, with croupous pneumonia.* M. H., æt. nine months. This little girl was quite well until the spring, when her nurse took her into the garden, and sat in the bright sun, with a cold easterly wind blowing, and the child has had difficulty in breathing ever since.

In 1873 I was summoned to Blackheath to see this case. I found a pale, fragile child lying in its nurse's arms, the eyes were preternaturally bright, pupils dilated. Rapid wheezing respiration, temperature high, pulse quick and weak, skin hot and dry. Frequent rattling cough and occasional vomiting. All the organs were healthy, except the lungs, which were hyper-resonant over their entire area, with the exception of the left base, which was normal on firm percussion. Light, percussion, however, elicited the same tympanitic notes as elsewhere, and on carefully listening with the stethoscope fine pneumonic crepitation could be heard at the base. Evidently we had to deal with catarrhal inflammation of the deeper strata of the lower lobe, masked by emphysema of the more superficial portion. The barrel-shape of thorax was well marked in this case. There was a peculiar arrest of development observable on the whole of the left side of this child's body, the left side of the head was perceptibly smaller than the right. Possibly the emphysema was congenital on the left

side; the right side giving way in the spring, served to attract the attention of the parents. I gave *tartar emetic* 3x, and applied poultices. Next day there was a marked improvement; when the effect of the *antimony* was expended I ordered *ipéc.* 6. The case advanced favourably, and in a week nothing was left of the inflammation but a few points of *crepitus redux*.

This patient afterwards had *sulph.*, *hep.*, *samb.*, *scill.*, *seneg.*, *spong.*, *ars.*, and *puls.*, according to symptoms. *Samb. φ* afforded the most marked relief.

The PRESIDENT: Gentlemen, I am sure we are much obliged to Dr. Edward Blake for reading to us a paper of such elaborate proportions and also for the excellent drawings with which he has illustrated it. Dr. Blake has drawn our attention in the circular which he has very kindly sent round, to two or three points. Now, for my own part, I think that if we do succeed by any medicine in covering the totality of the symptoms present, we shall in all human probability, alleviate the condition of the lungs. (Hear, hear.) At the same time, we must all admit that pulmonary emphysema is not a disease which we undertake to treat with any very great confidence. The utmost we can do, as a rule, is to modify the consequences of irremediable mischief. I have no doubt we shall derive very great advantage from considering this paper. (Applause.)

Dr. ROTH (London)—I have looked over the treatment of Dr. Blake, and I find he has omitted certain auxiliaries which are very useful in emphysematous complaints. In children I have frequently considered their spinal curvatures, and sometimes I have found that which Dr. Blake did not mention—cold extremities. To mention a few of the means which we apply independently of friction and medicine, in order to relieve the heart and the breathing action, while the child or person is in a quiet sitting position, move the feet. In fact the breathing is done for the patient, and as in emphysematous cases with the patient the expiration is the great thing, and he is instructed how to use his expiratory powers. Independently of this they are often unable to bring up a large quantity of mucous. It is often possible to produce a reflex action so as to bring it up. Many of those manipulations and artificial respiratory movements were used 2,000 years ago by the Chinese. I have a number of drawings here in which the patients are represented as going through their processes as if preparing for a religious ceremony, but nothing is done for them but breathing.

After some further observations from Dr. DYCE BROWN and one or two other members the discussion was brought to a close.

THE TREATMENT OF FOLLICULAR
PHARYNGITIS.

BY D. DYCE BROWN, M.D.

IN a lecture on the above subject which appeared in the September number of this *Review*, I noticed the use of certain local applications to the pharynx. In the paragraph referred to, I stated that in certain cases this disease was extremely obstinate to treatment, and that where such was the case, the internal treatment might be assisted by applications to the diseased part. In case of misunderstanding, and to prevent the supposition that I suggested this in every case of the disease, I added, "You will understand, however, that I do not advise you to use these local stimulants, except in such obstinate cases as resist internal treatment."

And yet I have been unfairly represented in several quarters, as for example at the Congress, Dr. Fenton Cameron said (see Report): "In Dr. Dyce Brown's lectures, reported in the last number of the *Homœopathic Review*, he has certainly gone beyond homœopathy, in telling those who treated a certain complaint of the throat, that if that complaint is very difficult to treat, they are not to go into the homœopathic treatment of the disease, but they are to swab the throat with nitrate of silver lotion. If that is not allopathic treatment, I don't know what is." And quite recently, in Dr. Skinner's prospectus of the *Organon*, he says, "Our teachers are not ashamed to own in our societies, that, in throat affections, they recommend 'swabbing of the tonsils, pharynx and larynx, with solutions of nitrate of silver of various strengths.'" Where the paragraph which Dr. Skinner puts in inverted commas comes from, I cannot learn, but from the including of the tonsils and larynx in the "swabbing," I conclude the original passage from which he quotes is in his own brain.

Now I protest against this unfair reading of a plain paragraph. If anything can be clear, it is that I only recommend the use of local applications in such obstinate cases as resist internal treatment. I give an account of the indications for six medicines, and simply bring the list down to that number, that the student commencing homœopathy may not be confused by too many remedies. But

I carefully add that there are other remedies which are to be looked up in a repertory if any case is not met by one of the six medicines I describe. Dr. Cameron, therefore, represents me as saying the very reverse of what I do say, while I carefully state that I recommend the local applications to be used only in cases which refuse to yield to internal remedies.

But the amusing part of the criticism is that nitrate of silver, the local application of which has called forth so much comment, has a most markedly specific, or homœopathic relation to the disease in question; and if my friends who criticise me will turn to their *Materia Medica*, they will find in the pathogenesis of *argent. nit.* as perfect a picture as possible of follicular pharyngitis. It is, therefore, as homœopathic to the disease as any of the six medicines I describe, and might have been, with others, added to my list, were it not to avoid confusion in swelling the number of drugs. In applying the nitrate of silver to the throat in old standing, obstinate cases, I am simply applying locally one of the medicines which shows a perfectly homœopathic relation to the disease. I was very nearly stating this in the printed lecture, but as I had not done so when speaking to the students, I resolved to leave it as it was spoken, while time was so short at the Congress, that, having already spoken, I refrained from replying to Dr. F. Cameron.

I hope to go, in an early paper, fully into the subject of external applications, and their relation to homœopathy. Meantime let me state that such local stimulants as the nitrate of silver are quite different in their aim and action from those external applications which Hahnemann denounces, and which have the effect of driving in the external manifestation of internal *psora*.

The more we can enlarge the range of homœopathy, and show that useful means employed chiefly by allopaths are homœopathic in their action, so much the more shall we develop the universality of the law of similars.

REVIEWS.

The Encyclopædia of Pure Materia Medica; a Record of the Positive Effects of Drugs upon the Healthy Human Organism.
Edited by T. F. ALLEN, M.A., M.D. Vol. vi. Boericke and Tafel. New York and Philadelphia, 1877.

THE sixth volume of this gigantic work has rapidly followed the fifth. The regularity with which this Encyclopædia is being published reflects the greatest credit upon all concerned in bringing it out.

The volume before us contains a record of every symptom of disordered health which has been attributed to the action of seventy-two drugs. As in previous volumes the name of the authority for each proving is given, and as far as possible the dose in which the medicine was given in each.

Among the more important drugs of which the pathogenesis is here recorded, are *lycopodium*, the salts of *magnesia* and of *mercury*, *mazereum*, *millefolium*, *muratic acid*, *myrica*, *naja*, and the salts of *soda*. We trust that all English homœopathically-practising physicians will provide themselves with this invaluable storehouse of facts regarding drug-action. To the complete carrying out of the homœopathic theory this work of Dr. Allen's is indispensable. When finished and provided with the proposed *Index* or *Repertory*, it will form the most perfect drug pathogenetic library in existence. That it will be completed, that there will be no falling off in the thoroughness with which it commenced, the energy which has been displayed in its production hitherto, the exhaustive character of the research which has marked the account given of each drug in every one of the six volumes is a sufficient guarantee.

The Homœopathic Physician's Visiting List and Pocket Repertory.
By ROBERT FAULKNER, M.D. 2nd edition. New York and Philadelphia: Boericke & Tafel.

DR. FAULKNER'S Visiting List is well adapted to render the details of daily work more perfectly recorded than any book prepared for the same purpose with which we have hitherto met.

It commences with Almanacks for 1877 and 1878; then follow an Obstetric Calendar; a list of Poisons and their Antidotes; an account of Marshall Hall's Ready Method in Asphyxia; a Repertory of between sixty and seventy pages; pages marked for "General Memoranda;" "Vaccination Records;" "Record of Deaths;" "Nurses;" "Friends and others;" "Obstetric Record," which is especially complete; and finally, pages ruled to keep notes of daily visits, and also spaces marked for name of the medicine

ordered on each day. The plan devised is so simple, so efficient, and so clear that we illustrate it on a scale just half the size of the original.

DAILY ENGAGEMENTS.								PRESCRIPTION RECORD.							
MONTH.		DAY.						DAY.							
Name.		Su	M.	T.	W	T.	F.	S.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.

The List is not divided into special months, but its use may be as easily commenced in the middle of the year as at the beginning.

We heartily recommend Faulkner's List to our colleagues who may be now making preparations for the duties of 1878.

NOTABILIA.

THE LONDON SCHOOL OF HOMŒOPATHY.

On the 2nd of the past month Dr. RICHARD HUGHES delivered the Introductory Lecture, and on each succeeding Monday and Thursday, at 5 p.m. has continued his course of *Materia Medica* and Therapeutics. On Friday 5th, Dr. D. DYCE BROWN gave the opening Lecture of his course on Principles and Practice of Medicine, and has continued to lecture on each succeeding Tuesday and Friday, at 5 p.m. Dr. COOPER has given a short course of Lectures on Diseases of the Ear, on Wednesdays, at 5 p.m. The following is the Report of Dr. Blackley, the Librarian and Curator of the Museum.

MUSEUM.

The Museum of *Materia Medica*, owing to the prompt and liberal response made by our various Homœopathic Chemists to our various public and private appeals for donations, is rapidly approaching completion. The following very handsome contributions have been either received or promised, the great majority being already in their places on the shelves of the Museum.

By Mr. Franklin Epps:—A complete series of the new American Vegetable Remedies, with their corresponding Mother Tinctures, also an exceedingly fine specimen of Sugar of Milk.

Mr. J. M. Wyborn (Messrs. Gould & Son):—A series of Drugs, from *Acidum Benzoicum* to *Ambrea Grisea* inclusive, together with choice specimens of *Antimonium Tartaricum*, and *Arsenicum Album*.

Messrs. Keene and Ashwell:—A series of twenty Drugs, from *Ammoniacum* to *Bismuthum* inclusive.

Messrs. Thompson & Capper:—A similar series, from Borax to Chamomilla.

Messrs. Armbrecht, Nelson & Co.:—A series, from Chelidonium to Daphne Judica.

Messrs. James Epps & Co.:—A series, from Digitalis to Helleborus Niger.

Mr. E. Wheeler:—A series, from Hepar Sulphuris to Lycopodium.

Mr. J. P. James (Headland & Co.):—A series, from Magnesium Carbonicum to Natrum Sulphuricum.

Mr. A. Heath:—A series, from Niccolum Carbonicum to Ranunculus Bulbosus,

R. E. Dudgeon, Esq., M.D.:—A number of the officinal animal products.

J. W. Hayward, Esq., M.D.:—A stuffed Cobra (*Naja Tripudians*).

C. R. Wright, Esq., D.Sc., F.C.S.:—Three specimens of chemically pure Aconitine, and its salts.

J. B. Ivatts, Esq.:—A number of rare (non-officinal) native Indian remedies.

Homœopathic Pharmaceutical Association (deposited on loan):—A series of forty-one Drugs, mostly officinal, and a stuffed Rattlesnake (*Crotalus Horridus*), together with a series of dried Plants.

Donations towards the foundation of a Hortus Siccus have already been received from Dr. Léon Simon, *fils*, of Paris, and collections are promised by Mr. E. Wheeler and C. H. Blackley, Esq., M.D.

LIBRARY.

The Library now contains 286 volumes, which have been acquired as follows:—

Presented by A. C. Clifton, Esq.	...	...	7 vols.
„ Dr. Yeldham	...	...	51 „
„ Dr. C. H. Blackley	...	...	4 „
„ Dr. R. D. Hale	...	...	1 vol.
„ Dr. E. T. Blake	...	...	1 „
„ Dr. R. Hughes	...	...	4 vols.
„ Mr. J. P. James	...	...	14 „
„ Dr. L. Suss-Hahneemann	...	...	8 „
„ The Board of Management of the London Homœopathic Hospital, being part of a bequest to the Hospital by the late Rev. W. Alder, a late Member of the Board	...	...	27 „
Deposited on loan by Dr. Bayes	...	...	57 „
„ „ Homœopathic Pharma- ceutic Association	...	...	87 „
Purchased	...	...	25 „

The "*Medical Press and Circular*," and the "*Chemist and Druggist*," have been supplied gratis by the publishers since the opening of the School.

Amount of Subscriptions and Donations already acknowledged, £8,497 6s. Od.

New Medical Governors in addition to those announced last month.

* B. Fawcett, Esq., M.D. ...	...	...	£2	2	0
* Hugh Hastings, Esq., M.D. ...	...	...	2	2	0

New Subscriptions and Donations.

Thos. D. Hill, Esq. ...	...	...	£10	0	0
Charles Fison, Esq. ...	...	...	5	0	0
* T. Heaps, Esq. ...	...	...	1	1	0

* Indicates annual subscriptions.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, to Dr. BAYES, Hon. Sec., or to

Nov., 1877.

FRED. MAYCOCK, *Secretary.*

LONDON SCHOOL OF HOMŒOPATHY.

DR. HUGHES' INTRODUCTORY LECTURE—INSTITUTION OF
A SCHOLARSHIP.—LETTER FROM PROFESSOR TALBOT.

THE winter session of the London School of Homœopathy was inaugurated on the 2nd ult., when the introductory lecture was delivered in the Board-room of the Homœopathic Hospital, Great Ormond Street, by Dr. HUGHES, Lecturer on *Materia Medica* and Therapeutics. The room was well filled, the audience consisting chiefly of young men. Among the medical men present we noticed Dr. BAYES, Dr. YELDHAM, Dr. DUNN, Dr. DUDGEON, Dr. POPE, Dr. BROWN, Dr. BLACKLEY, Dr. WOLSTON, Dr. WILLIAMS (Sydenham), Mr. HARRIS and Dr. ARNULFI (Nice). The Board of Management of the Hospital was represented by Mr. BOODLE (Deputy Chairman), Captain VAUGHAN-MORGAN (Treasurer), Mr. CRAMPERN (Deputy Treasurer), Mr. HUGHES, Mr. PITE, and Mr. CHAMBRE (Official Manager). Dr. HUGHES commenced by saying that his task was somewhat different from that of the gentlemen who inaugurated the session at the Medical Schools of the Metropolis on the previous day. A school of medicine in general needed no explanation or vindication. A school of homœopathy required both. He went on, accordingly, to state what homœopathy was, and why a school was needed in which to teach it. Homœopathy was, he said, in the first place, an abstract term denoting a relation between the effects of a drug on the healthy body and the symptoms of the disease for which it was administered, this relation being expressed by the formula *similia similibus curantur*. In the second place, it had a concrete signification, denoting a medical system of now full

60 years of age, which had a history, a literature, and a body of theoretic conceptions and practical rules. It possessed a large collection of "provings," or experiments with drugs on the healthy human body, it had arrived at a multitude of specifically acting remedies for many of the definite forms of disease, and it had brought to light a number of facts and ideas which without it would probably have remained unknown, foremost among which he instanced the power and efficacy of infinitesimal doses. This method of treatment, with the body of positive knowledge which had formed around it, was, he said, entirely ignored in the ordinary medical schools, or only mentioned to be ridiculed. Even were it otherwise, he thought it doubtful whether it could be taught without a special organisation for the purpose, and by teachers specially acquainted with and heartily attached to it, and yet there were many who from hereditary prepossession or personal conviction desired to practise the system, and who ought to have opportunities for learning it, analogous to those which were open to them in connexion with ordinary medicine. The large proportion of the public, moreover, who chose to have homœopathic treatment, demanded that qualified practitioners of it should be supplied to them. For these reasons it had been deemed necessary to found an extra-academical school, supplementary to those of medicine in general, where homœopathy should be systematically taught, and the promoters trusted that no reproach of schismatic conduct might fall upon them for so acting. The lecturer then made some conciliatory observations directed towards the small minority of the homœopathic body who he regretted were unsympathetic with the undertaking, and went on to explain the practical working of the school. Systematic courses of lectures were delivered upon the two branches of medical education which were affected by homœopathy—viz., *materia medica* and therapeutics on the one hand, and the practice of medicine on the other—including under the latter term all forms of disease in which drug treatment was of avail. In both these courses, previous acquaintance on the part of the student with the facts common to both systems of medicine was assumed, and the time was devoted to a special knowledge of the principles and practice of homœopathy. In co-operation with these classes, the practice of the London Homœopathic Hospital, with its 65 beds, was opened to the students of the school, and several of the medical officers were prepared to give them clinical instruction. A museum of homœopathic *materia medica* and a library of books belonging to the system were in process of formation. To this school he invited students. On those who intended definitely to practise homœopathically he laid it as a duty which their own conscience would dictate, and which the public would assuredly require, to avail themselves of the oppor-

tunities it afforded. But he also urged the attendance of all whose time and circumstances would permit of it, maintaining in the words of the prospectus of the school, "that instruction in homœopathic doctrines and practice is an essential part of a liberal and thorough medical education." "No one," he said, "who with unprejudiced mind desires to do his utmost for the health and lives committed to him should neglect the possible increment to his knowledge to be derived from study within these walls. We can promise him that he will go out from them possessed of scores of remedies which might otherwise have remained unknown to him, with as many applications of old medicines equally novel and fruitful and with ideas about medicines and enthusiasm as to their potency which he has certainly never acquired from the negative teaching delivered from most of the chairs of *Materia Medica* in the existing schools." The lecturer concluded by appealing to the homœopathic body throughout the country to give to the school their cordial and active support and to sustain those who laboured in it for the common cause in the advancement of which they were all interested.

It gives us much pleasure to state that, at a meeting of the School Committee, held on Tuesday Oct. 16, Dr. Bayes added to the many obligations under which all who feel an interest in the School have been placed to him by making the generous offer conveyed in the following letter addressed to the Committee:—

"With the view of encouraging earnest work among the students at the London School of Homœopathy, I beg to offer a Student's Prize of £10, to be given to that student who, having attended the lectures diligently and to the satisfaction of the Lecturers, passes the best examination at the voluntary examination at the end of each winter session, provided he attains a certain standard of excellence previously determined on.

"I offer to contribute a like sum yearly for the same purpose for four years.

"I would suggest that the examination papers should be prepared by the Lecturers, and be submitted to the Council for approval; and that the examiners be the appointed Lecturers on *Materia Medica* and on Principles and Practice of Medicine, and the Honorary Secretary."

The Honorary Secretary has requested us to publish the following letter recently received from Dr. TALBOT, Professor in, and Dean of the Medical Faculty of, the University of Boston, regarding the widely-spread interest felt in the School.

Sept. 27th, 1877.

66, Marlborough Street, Boston, U.S.A.

My dear Bayes,—I have many times wanted to write you a friendly note, but my college duties have drawn heavily upon the moments I could spare from the labours and duties of my practice. But to-day, on receiving, by the kindness of Mr. Thompson, of Liverpool, the paper giving an account of the meeting of the British Homœopathic Congress, I could not but sit down and congratulate you on your final triumph and justification in the name of your school, which I think squarely and justly sets forth the exact status of your institution, and that a change could not but injure its *morale* with enemies and friends alike. Some mention has been made of our school (Boston University School of Medicine), and the absence of the name homœopathic as one of the causes of its success. I can assure you that its success comes from far different causes, and that in the beginning the trustees, in their announcements and reports, invariably spoke of this as the first or Homœopathic School of Medicine, reserving to themselves the right of establishing a second or Allopathic School if it should be demanded, or this proved a sickly child. Well, it was this very word homœopathic which rallied our members "*In hoc signo victimus.*" We had a large and united faculty, twenty-seven in all, and we determined it should succeed, and all have worked earnestly and unselfishly, and we have laid the foundations broad and deep for a good school. The last year we had 200 students, and the prospect is now that this entering class will number 100 more. But it has been work, hard uncompromising work that has done it, not a name, and I beg that our English *confrères* will so understand it. There is a brilliant future open to your school. Many eyes that you know not of, are looking towards it and praying for its success. It will strengthen our hands and cheer the hearts of homœopathsists the world over. British homœopathsists have a heavy responsibility resting upon them, and knowing many of them as I do, I have no fear but they will come nobly up to the occasion, and with hard, earnest work, found a School which shall draw into its halls students from all quarters of the globe. Here is a great and glorious opportunity which cannot, must not, be lost. With the warmest of sympathy,

I am, Your sincere friend,

J. T. TALBOT.

BRITISH HOMŒOPATHIC SOCIETY.

THE Second Ordinary Meeting of this Society will take place on Thursday, the 1st of November, 1877, at 7 o'clock. A Paper will be read by Thorold Wood, Esq., of London, entitled, "*Drug Action—Corroborating Diagnosis—some Illustrative Cases.*"

INDEX TO THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA.

At the urgent request of many physicians, Dr. T. F. Allen has promised to undertake the arduous task of compiling an index or symptom register to his *Encyclopædia*, thus rendering available in practice the valuable material collected in that great work.

It is believed that by avoiding detail and repetition a complete and ready reference to all the symptoms may be made in one volume.

Dr. Allen has the promise of assistance of several physicians taking interest in the speedy completion of the repertory.

It is supposed that about 1,000 pages will contain the whole, and if this surmise be correct, the cost would not exceed 50s. But a definite price cannot be made at present.

Owing to the great expense of this work, it will not be taken in hand unless five hundred *bona fide* subscribers are secured by the time the eighth volume of the *Encyclopædia* is issued. If that number of subscriptions is obtained the *Index* will be proceeded with, and will probably be finished within a few months after the last volume of the *Encyclopædia* has been issued.

Of the advantage and indeed necessity of such an Index we need not write. It must be obvious to all. With Allen's *Encyclopædia*, and a good *Index* thereto, we shall be in a position to practise homœopathically with greater accuracy, and consequently with greater success than we ever have been hitherto.

Every homœopathic hospital and every homœopathic dispensary ought to regard a copy of Allen as being as essential to each consulting room as the pharmacy is to the hospital dispensary itself.

LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted to the London Homœopathic Hospital during the month ending October 18th, gives the following statistics :—

Remaining in Hospital September 20th, 1877 ...	45
Admitted between that date and October 18th ...	85
	—
	80
Discharged between Sept. 20th and Oct. 18th ...	89
	—
Remaining in Hospital, October 18th, 1877	41
	—
The number of New Out-Patients during the above time has been	485
The total number of Out-Patients' attendances for the same period has been	1,226

OBITUARY.

DR. VON GRAUVOGL.*

At the close of our last number we were only able barely to allude to the distressing news which had just reached us of the death of our esteemed colleague Von Grauvogl. The extent of the loss which we have sustained will be best estimated by those who have at heart the scientific development of our teaching. He who has just gone to his rest, stood ever in the foremost rank of combatants in the good cause. His wealth of knowledge, and his inexorable, incisive logic, made him peculiarly fitted to lay bare the weak side of our enemies and to repel their attacks, whilst on the other hand his efforts were steadily directed towards establishing homœopathy on the firm basis of natural laws. That he succeeded, everyone will testify who has honoured his works with diligent study, and has not allowed himself to be repelled by a style which is at times somewhat involved. His *Homöopathisches Aehnlichkeitsgesetz*, as also his *Lehrbuch der Homœopathie*, will always remain as ornaments of our literature—an inexhaustible arsenal affording weapons of defence against our enemies, as well as an indispensable source of information for every inquirer into homœopathy.

In him, and in Hausmann, of Pesth, who predeceased him by nearly a year, are extinguished two stars of the first magnitude in the firmament of homœopathy. As an active contributor to our paper, he has erected a lasting monument for himself by the publication of the series of *Gemmen und Folien*. His services to our cause, will, we are persuaded, find in the world to come, their well-earned recompense.

He died in Munich, on the 31st August, at the age of 66, after a three weeks' illness.

Die Erde sei ihm leicht!

CORRESPONDENCE.

THE DOSE AND DYNAMIZATION.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your review of my letter on “Medical Schisms,” you have put an interpretation on my allusion to the question of the dose, much more restricted than I intended. I invited our opponents to test the value of our system by experiment, and to enable them to do so easily I enumerated some dozen diseases, readily recognised, with the appropriate remedy for each, and to

* For the translation of this notice of the life of our learned colleague we have to thank Dr. Galley Blackley.

guide in their administration I stated that single-drop doses of the first decimal for the vegetable tinctures, and single-grain doses of the first centesimal trituration of the mineral substances, would generally be found suitable in the treatment of such acute cases. I had no idea, however, that this should be regarded as the *minimum*, beyond which we must not go, and in my own practice I daily depart from it. Our special senses, and the crude tests of the chemical laboratory can go far beyond such attenuations as these, before failing to recognise the presence of the drug, and the higher susceptibility of vital force will respond to influences quite inappreciable to every other test. The recent experiments of Darwin illustrate this in a very beautiful manner. Although it is quite impossible to destroy matter, yet I think we may dilute and subdivide it until it becomes absolutely inert. In contemplating the destructive character of the medical practice, with which the earlier homœopathists had to contrast their experiments, I felt justified in asking whether they might not have carried the infinitesimal dose far beyond what was necessary. When from fifteen to twenty per cent. of the patients suffering from pneumonia, peritonitis, pleurisy, and other acute diseases, were actually killed by the practice to which they had to submit, the facilities for making miraculous cures were greater than now, and enthusiastic homœopathists might easily be deceived by the apparent potency of a simple expectant system of treatment. In dealing with the highest dilutions, Hahnemann recognised the difficulty of dealing with a fraction which had a unit and sixty ciphers for its denomination. To speak of a globule medicated with such a solution as a mere drug is intolerable to all ideas of common sense and experience. To produce such a dilution, if we did not adopt the method of approaching it step by step, we should require one hundred and twenty-five thousand octillions of barrels, containing one hundred gallons each, to reduce a single minim of the matrix to the decillionth portion of a drop. As there would be as much difficulty to obtain the wood to make the barrels, as there would be water to fill them, all ideas of materialism must be laid aside, and the dilution, so far as a drug, may be regarded as a nonentity. A new theory was therefore invented to explain their supposed powers; the rubbing and shaking was presumed to develop a new potency, and the cures were believed to be due to the spiritual or dynamic force liberated from the drug by dilution, succussion or trituration. Some of the earlier homœopathists named this force zoo-magnetic, and believed it was derived from the individual who prepared the medicine, and that he could give potentiality to a glass of water by touching it, or by breathing upon its surface. All this may be true or false, but it is not homœopathy, and was engrafted upon it many years after its

first enunciation. If we are to hope for an early recognition of the law, upon which we believe a very large proportion of therapeutics may be based, we must present it to our opponents simply. The psora theory, the theory of dynamization, and everything else which has grown around the law of similars, may be safely laid aside as for the present beyond the mark. When we have succeeded in establishing the truth of the law, *similia similibus curantur*, the desirability of testing the effect of drugs by experiments upon the healthy, and the necessity of giving single remedies to the sick, we may then turn our attention to these matters.

Believe me,

Yours very truly,

JOHN DRUMMOND, L.R.C.P.E., &c.

124, Bury New Road,
Higher Broughton,

Sept. 8th, 1877.

[We cannot see that by this attempt to explain away what stands written in his letter to Dr. Roberts, Dr. Drummond mends matters in the least. In naming a number of the best known remedies of homœopathy, his intention to induce our opponents to make a practical trial of our system is excellent, while to suggest that in making these first essays in homœopathy it is not necessary for them to use other than very tangible doses is also excellent; but to suppose that the inquirer will be more ready to study the subject by an assertion regarding the medicinal value of the higher dilutions, such as Dr. Drummond's published letter contained, and which we found fault with, is a great mistake. On the contrary, he will be ready to say that that is what they have been saying all along, and if the early homœopathic cases are given up as medicinal cures the whole point is yielded. We regret to see that Dr. Drummond merely reiterates in other words what he previously stated, except that he now confines his remarks to the 80th dilution. The absurd argument of Sir James Simpson, about the impossibility of preparing the 80th dilution is actually reproduced, while to speak of this dilution as a drug is, in Dr. Drummond's view, "intolerable to all ideas of common sense and experience."

Dr. Drummond will, however, not forget that not only the early homœopathists, but many physicians of the present day actually prefer the 80th to lower dilutions; say that they get better results with the high than with the low, and give them for the same indications as guide others in the choice of the low dilutions. Dr. Drummond is the first homœopathic physician of whom we have heard who takes the position he is now doing. As we stated in our previous notice, the difference between high and low dilutionists is a question of preference, or of

comparative results, and there are many low dilutionists who sometimes find cases where 80ths produce effects which were unattainable by decimals. The same argument which Dr. Drummond brings against the 80th dilution applies to the 12th dilution, which is equal to 1 with 24 ciphers after it; or even to the 6th, which is equal to 1 with 12 ciphers after it. It is simply the old stock argument of the allopaths—"It can't be, therefore it is not." Those visionary theories which Dr. Drummond alludes to as having been offered in explanation of the effects of such extremely dilute medicines, he tells us gravely are not homœopathy, but no one says they are, except our opponents, who are in ignorance of the whole subject. We cannot but repeat our opinion that the passage we quoted in our notice of Dr. Drummond's letter is a very grave flaw in it, and fitted to do harm rather than good.—*Eds. M. H. R.*]

THE SOLUBILITY OF PHOSPHORUS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In answer to the request of "A Homœopathic Pharmacist," and Mr. Franklin Epps, whose letters appeared in your September number, I gladly give the method by which I determined the solubility of phosphorus to be 1 in 500, as stated in the August number of the *Review*.

By means of a sharp knife introduced into the bottle containing the sticks of phosphorus, I cut off a piece, say the size of a pea or larger, according to the quantity of tincture required. With a forceps transfer this to a shallow glass vessel, containing water, and with a knife remove from the phosphorus the outer oxidised coating.

Now as long as we have an exact definite proportion of pure phosphorus and absolute alcohol, it is of course immaterial whether a particular number of grains of phosphorus are weighed out or not, as in either case the requisite amount of the alcohol can be added in proper proportion. With so inflammable a substance as phosphorus, we should therefore regulate the alcohol to the phosphorus rather than the phosphorus to the alcohol, and I am rather surprised to find Mr. Franklin Epps speaking of weighing the "requisite quantity in grains." That is a most difficult if not dangerous procedure, but the other is not.

I have again this week repeated my former experiments in the manner described above.

A piece of phosphorus, cut as described, I found to weigh, after rapid drying on blotting-paper, exactly three and a half grains. This was immediately transferred to a clean stoppered bottle, containing 200 minims of absolute alcohol, and the rest of the required amount of absolute alcohol to form the

proportion of 1 in 500, viz., an addition of 1,550 minims added. The bottle was then placed in a water-bath and gently heated. In a short time the phosphorus liquifies, and by shaking the bottle violently until cool, the fine numerous liquid globules are entirely dissolved in the absolute alcohol, without leaving any deposit whatever.

I have given the process in detail as desired, and doubt not that others who will repeat the experiment will meet with the same results.

I remain, Gentlemen, Yours faithfully,

ISAAC C. THOMPSON.

4, Lord Street, Liverpool,
Sept. 10th, 1877.

THE SOLUBILITY OF PHOSPHORUS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—May I be permitted to correct a misstatement which appeared in a letter from Mr. Franklin Epps, published in the last number of the *Review*, and which has doubtless arisen through a defect of memory.

Mr. Epps is in error when he says that his experiments with phosphorus were repeated by me. I had my share of the chemical and pharmaceutical experiments required to be made, with a view to a thorough revision of the *Pharmacopœia*, but as the whole of these devolved upon Mr. Epps and myself, I was content to confine my attention to those allotted to me, and to leave phosphorus in Mr. Epps' hands. I was, however, unaware that no proportion between 1 in 500 and 1 in 1,000 had been tried as now appears to have been the case.

As I think the proportion in which phosphorus is soluble in alcohol should no longer remain an open question, I have just made two experiments of which I send you some notes.*

Trusting they may be either confirmed or corrected by others.

I remain, Gentlemen, yours faithfully,

JOHN M. WYBORN,

59, Moorgate Street, E.C.
Sept. 12th, 1877.

THE LIVERPOOL CONGRESS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your report of the Annual Congress of Homœopathic Practitioners, you have brought my name into undeserved ridicule.

Your words are:—"Dr. Skinner, in another room, very kindly exhibited to the members of the Congress an apparatus

* These will appear we hope in our next number.—*Eds. M. H. R.*

devised for the purpose of making dilutions a million and a hundred million times."

It is bad enough that my paper, which took me months to prepare, and my apparatus, which took me a year to design and perfect, should be put off to the very last, and then left out altogether, after I had waived my right of precedence in favour of Dr. Moore's motion,—but that it should be altogether ignored and misrepresented in the Report of the Proceedings of Congress, is, to say the least, remarkable.

The apparatus was not "devised for the purpose of making dilutions a million and a hundred million times,"—whoever wrote this must have drawn largely on his own imagination. The apparatus was devised for the purpose of placing high-potencies on the same scale of notation as the low potencies, namely, on the *centesimal*, or Hahnemannian attenuation. The apparatus is, doubtless, capable of making the millionth attenuation of Hahnemann, without stopping or altering the index, and it can be set to any potency required; but it was designed to make the first centesimal just as it was to make the millionth and all between. I trust you now see the great injustice done myself, and my instrument, by your false report of the proceedings in that respect.

In conclusion, one word of advice to those who have the getting up of future Congresses. If we are ever to have a Congress which will be as a feast of fat things, some better arrangements must be made, some greater encouragement must be given to those who bring to the meeting the sweat of their brow, the past labour of months of research and patient thought. The idea of getting through the amount of work which has to be gone through in one day is preposterous. If I had known what I now know, I should never have troubled the Congress with my paper, or my Fluxion Centesimal Potentizer. A Congress is badly ordered when all the programme cannot be conveniently carried out, especially considering that members who have promised papers may have greatly inconvenienced themselves and their patients by waiting hours to read a paper, which, ultimately, there is no time to read.

If this is the encouragement we are to expect,—and so far as my short experience extends, it seems to be the rule rather than the exception,—our annual Congresses will become less interesting every year.

I have the honour to remain, Gentlemen,

Yours truly,

Liverpool, October 2nd, 1877.

THOS. SKINNER.

[We deny *in toto* that there is anything in our brief notice of Dr. Skinner's contribution to the proceedings of Congress, justifying the charge that we therein brought his name into

"undeserved ridicule;" we neither did, nor thought of doing, anything of the kind. We were not aware that he had prepared a paper on the subject of his apparatus, but understood from the *agenda* notice that he would, when exhibiting his invention, make a few remarks on high potencies. If we failed to describe his ingenious instrument accurately, we certainly regret it. As to the circumstances which led to Dr. Skinner being obliged to exhibit his "Fluxion Potentiser" in another room, he must see, we should think, what was obvious to every one else, that they were inevitable.—Eds. M. H. R.]

NOTICES TO CORRESPONDENTS.

Dr. BERRIDGE wishes it to be known that he was one of the two who wrote letters to Dr. BAYES on the name of the School question, and were doubtful as to whether the name should be retained or not. His doubt arose from his not knowing whether the teaching at the School will be in strict accordance with the Hahnemann's *Organon*. If it is, the name he thinks ought to be retained; if not, it should be abandoned. For the letter Dr. BERRIDGE has written we have no room.

Dr. BAYES requests us to state that the names of Drs. MAFFEY (Bradford) and GUINNESS (Cheltenham) were accidentally omitted from the list he sent to us of those who had written to him prior to the Congress in support of the existing name of the School.

Communications, &c., have been received from Mr. CROSS, Drs. BATES, DRURY, BERRIDGE, HUGHES, London; MAFFEY, Bradford; SKINNER, Liverpool; CLIFTON, Northampton; E. BLAKE, Reigate; E. MADDEN, Birmingham.

BOOKS RECEIVED.

Eléments de Médecine pratique. Par le Dr. Jousset. Second edition. 2 vols. Paris: Baillière et fils. 1877.

Leçons de Clinique Médicale professées à l'Hôpital Homœopathique S. Jacques. Par le Dr. Jousset. Paris: Baillière et fils. 1877.

Functional Dystocia. By E. M. Hale, M.D., Chicago.

The British Journal of Homœopathy. October. London H. Turner & Co., 168, Fleet Street.

The Medical Examiner. October. London.

The Chemist and Druggist. October. London.

The Hahnemannian Monthly. October. Philadelphia.

The New England Medical Gazette.

The Ohio Medical and Surgical Journal. September. Cleveland.

L'Art Médical. October. Paris.

Bull. de la Soc. Méd. Hom. de France. July, August and September, 1876—June, July and August, 1877.

Bibliothèque Homœopathique. September. Paris.

Allgemeine Hom. Zeitung. October. Leipsic.

Rivista Omiopatica. September. Rome.

El Criterio Médico. September. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communication to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE PRACTICAL RESULTS OF HOMŒOPATHY.

To acquire a thorough knowledge of the capacity of a small dose of a homœopathically selected medicine, there is no means comparable with watching the course of a number of cases of different forms of disease in which the remedies used are so chosen and prescribed. It is to clinical investigation that we would direct all enquirers into the question whether homœopathy is available to cure disease, and whether it enables a physician to cure more rapidly, and more completely, than he can do by such methods as are taught in the ordinary text books of practical medicine. At the same time, an enquirer has a right to demand some reason for his investigation, derived from the practical results already obtained by those who have, during many years, relied in their treatment of disease (so far as the use of drugs is concerned) upon homœopathically acting medicines. The theory of homœopathy may appear very convincing on paper; the fact that many remedies first proposed in certain cases by homœopaths are now used in such cases by physicians who ridicule homœopathy is very striking; the further fact, that medicines, the action

of which in the diseases they are known to cure has always been regarded as an insoluble problem, and which have consequently been styled "specific," can be proved to have a homœopathic relation to such cases is an additional warrant for enquiry, but we are ever and anon told that such evidence is wanting in completeness, that carefully instituted comparisons between the homœopathic and non-homœopathic treatment of disease, on a large scale, are requisite to give to the advocate of the therapeutics of the schools, a *prima facie* reason for studying homœopathy.

Evidence such as this can only be presented in the form of statistics. To therapeutic statistics many well grounded objections have been taken. Individuals differ so widely in their power of resistance to morbid action, the surroundings of patients vary so greatly, while the influences of season and of climate have much to do in determining mortality. These, and many other circumstances, are well calculated to invalidate statistics of the results of drug action, however honestly they may be drawn up. At the same time, to be forewarned is to be forearmed, and we think that it is quite possible to present such tabular statements of the results of treatment, as shall be sufficiently divested of incidents likely to weaken their force to afford evidence, that drugs homœopathically selected do cure disease more rapidly and more thoroughly than such as are chosen on other principles.

The first condition in an enquiry of this kind is, that the numbers compared shall be large. The greater the number of patients the less likelihood is there that the average of results will be affected by different types of disease in individuals. A second is, that the comparison shall be instituted between persons in the same class of society. A third, that the cases compared shall have occurred during the same period of time; in this way, the influence of the

season of the year will be done away with. A fourth, that the institutions in which the cases occur shall be as similar as possible in their management.

The following facts, in which all these conditions are present, are drawn from the minority report of a committee appointed some years ago to consider the propriety of introducing the practice of homœopathy into the Bellevue Hospital, New York.

In the city of New York there were, during the twelve years ending with 1854, five orphan asylums. In four, the medical treatment was non-homœopathic, and during the twelve years the average number of orphans received into each asylum was 3568.5. The mortality in these was at the rate of 1 in 41, or 2.10 per cent. In the Protestant Half-Orphan Asylum, where the treatment was homœopathic, the number received in the twelve years ending with 1854, was 3,075; the mortality, 1 in 146, or .68 per cent.—showing the ratio of mortality under allopathic treatment as compared with homœopathic to be more than 3 to 1.

Of two asylums for foundlings and miserable sickly orphans in New York, one under allopathic treatment admitted, during four years ending 1856, 10,129 children, and the deaths numbered 585, or 1 in 17. In the other, under homœopathic treatment, 1,210 were admitted during the same period of time, 30 deaths, or 1 in 40, occurred in the four years.

The results of M. TESSIER's investigation of homœopathy must carry with them considerable weight, not only from the circumstances under which they were obtained and the conclusions derived from them, but from the high reputation as a thoroughly truthful and well-trained physician, M. TESSIER ever bore.

He was during many years a well-known allopathic

physician in Paris, and one of the physicians to the Hôpital St. Marguerite, and subsequently to the Hôpital Beaujon. He there investigated homœopathic treatment, and has given the results he obtained in his published works.* During the years 1849, 1850, 1851, there were admitted into the two wards under his care 4,663 cases. The number of deaths during this time was 393, or 8.55 per cent., or 85 per 1,000. In the *same* hospital, and during the *same* period, there were in the other wards 3,724 admissions, with a mortality of 411, or 11.03 per cent., or 110 per 1,000.

M. TESSIER had 100 beds under his charge, his allopathic colleagues had 99. With only one additional bed, he was able to receive during these three years, 939 more cases than they were. There could be no other cause for this difference than the greater rapidity with which, through homœopathy, M. TESSIER was able to fit his patients for leaving the hospital.

In this, as in all public hospitals in Paris, the admissions were without the intervention of the physician, save in a very small number of cases. The patients were for the most part admitted by non-medical officials, and sent to such wards as had vacant beds. There was, therefore, no possibility of any selection of cases. One physician was as likely to have a severe case placed under his care as another.

Here, then, we have an example of a *large number* of cases occurring during the *same period* of time, in the *same hospital*, and under *similar circumstances*. One portion is treated homœopathically, another allopathically. The mortality among the former is 2.48 *less* than among the latter; and the duration of illness is so much shorter among the former than the latter, that during these three years

* "De la Médication Homœopathique," &c. Baillière, Paris, 1852.

M. TESSIER was able to accommodate 46 patients in each bed, while his colleagues could only receive 37.

From the results of homœopathic treatment in Paris we pass to those obtained in Pesth. At the University in that city, homœopathy is taught by a professor appointed for the purpose. At the hospital of St. Rochus, a certain number of wards are in the charge of Dr. BAKODY, a homœopathic physician. In the *Hasonszénir Lapok* (homœopathic journal) Dr. BAKODY published the reports of the cases treated in his wards from October 15th, 1871, to December, 1873. Reports of those under allopathic treatment in St. Rochus were published by Dr. FRANZ FLOR for 1869-70, and by Dr. LUDWIG GERHARDT for the year 1873. For the years 1871 and 1872 no reports of the cases treated allopathically had appeared at the time when Dr. BAKODY's statement appeared.

Only those diseases enter into the following comparison which appear in all the reports, while those forms and groups of diseases necessarily excluded from Dr. BAKODY's wards (which are intended for 'internal diseases' only), or appear there only in isolated cases, have not been taken into account.

To this latter class belong injuries and wounds of every description, diseases of the eye, ear, and nose, cutaneous diseases and acute exanthemata, with the exception of scarlet fever; syphilis, diseases of the urinary organs, puerperal diseases, and those of pregnancy and of the newborn, mental diseases and Asiatic cholera, for all of which affections separate wards and departments are assigned. Deducting these wherever they appear, we have:—

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	21,372 ...	8,958	= 18.5
Dr. BAKODY's Wards	2,274 ...	859	= 15.7

Deducting the cases of pulmonary tuberculosis, as is

the custom in the Vienna hospitals, we have the following proportions :—

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	18,707 ...	2,470	= 13.2
Dr. BAKODY's Wards	1,676 ...	167	= 9.9

The difference becomes still more apparent if we compare the separate forms of disease with each other, taking into account again only those which appear in considerable numbers on both sides.

Pneumonia.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	1,259 ...	320	= 25.4
Dr. BAKODY's Wards	806 ...	20	= 6.5

Pleurisy.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	678 ...	48	= 7.0
Dr. BAKODY's Wards	89 ...	2	= 5.1

Pulmonary Tuberculosis and Consumption.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	2,665 ...	1,488	= 55.8
Dr. BAKODY's Wards	598 ...	192	= 32.1

Diseases of the Respiratory Organs in General; Croup, Bronchitis,.

Pneumonia, Asthma, Pleurisy, &c.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	8,016 ...	2,099	= 26.1
Dr. BAKODY's Wards	1,804 ...	227	= 17.4

Peritonitis (exclusive of Puerperal Cases).

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	278 ...	117	= 42.0
Dr. BAKODY's Wards	57 ...	1	= 1.7

Dysentery.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	143 ...	47	= 32.8
Dr. BAKODY's Wards	22 ...	1	= 4.4

Typhoid Fever.

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	1,152 ...	388	= 33.6
Dr. BAKODY's Works	68 ...	16	= 23.5

Gastric and Enteric Affections (exclusive of Dysentery and Typhoid Fever).

	Total.	Deaths.	Per Cent.
St. Rochus Hospital (Allopathic)	4,165 ...	158 =	3.8
Dr. BAKODY's Wards	159 ...	0 =	0.0

Summary.

The average mortality under the two systems, in those forms of disease which make the subject of Dr. BAKODY's reports, stands as follows:—

Diseases.	Allopathic.	Homœopathic
Total	18.5 per ct.	15.7 per ct.
Exclusive of pulmonary tuberculosis ...	13.2 „	9.9 „
Pneumonia	25.4 „	6.5 „
Pleurisy	17.0 „	5.1 „
Consumption	55.8 „	32.1 „
Dis. of respiratory organs in general...	26.1 „	17.4 „
Peritonitis	42.0 „	1.7 „
Dysentery	32.8 „	4.4 „
Typhoid fever	33.6 „	23.5 „
Gastric and intest. diseases	3.3 „	0.0 „

This comparison would have been more complete had we been able to produce the reports of the cases treated in the allopathic wards of St. Rochus during 1871 and 1872, two years which are comprised in Dr. BAKODY's report. But with this exception the record gives all the conditions we can desire for a comparative statement of results.

The hospital at Roubaix, in France, also affords us good evidence on which to form an opinion of the advantages of homœopathy, although the circumstance of time cannot be taken into account. M. LIAGRE was the physician to that hospital for many years. From 1856 until 1862 he was unacquainted with homœopathy, and consequently treated his patients in accordance with the therapeutics generally adopted. During this time the mortality was at the rate of 19.26 per cent. He now studied homœopathy, and in 1863, during which his treatment was homœopathic, the

mortality was reduced to 13·70, while during the following year it was 12·97. M. LIAGRE, in his report to the administrators of the hospital, further notices that the greater rapidity with which his patients recovered after he adopted homœopathy, enabled him to admit a much larger number of patients into his 40 beds than he could do while treating them allopathically. In 1862 he had only 348 admissions; in 1863, 416; and in 1864, 479. It must be also observed that his beds were always full during each year. So that, as he remarks, "it will be seen that in 1863, 68 patients, and in 1864, 130 patients, could be received into the hospital in consequence of the homœopathic treatment, who would have been excluded for want of room had the old system been continued."

Here we have a long series of cases treated by the same physician, in the same hospital, in which, by a change in the mode of prescribing drug-remedies from allopathy to homœopathy, a saving of life to the extent of 7 per cent. was effected, while the rapidity of recovery was so much increased that he was able to receive into the same number of beds more than one-third more cases of disease than he had been able to do before he made the alteration in his treatment.

While in disease, as ordinarily met with in hospital practice, homœopathy shows how effective its method is, not only in diminishing mortality, but also in abbreviating its duration, the power which it enables the physician to wield in controlling epidemic diseases of a notoriously fatal character, has been repeatedly shown to be still more striking. On several occasions has homœopathy been brought to bear upon cholera, both in England and abroad. Of the results which have followed the homœopathic treatment of cholera, we will now present some of those which have been best attested.

In Vienna, cholera was epidemic in 1836. During the summer and autumn months of that year, Dr. FLEISCHMANN treated, at the Hospital of the Sisters of Charity in that city, 732 cases; of these 244, or 33 per cent., died. During the same period, and in the same city, the allopathic mortality was 70 per cent.

"This very extraordinary result," writes the late Sir WILLIAM WILDE,* "led Count KOLOWRAT (Minister of the Interior) to repeal the law relative to the practice of homœopathy." Dr. FLEISCHMANN's treatment was watched during this epidemic by two allopathic physicians, appointed by Government for the purpose.

In Edinburgh, during 1848-49, the number of cases treated by the physicians of the Homœopathic Dispensary was 236, of these 57, or 24.2 per cent. died. Among 876 patients of precisely the same class, and in similar situations and circumstances, but treated allopathically, there were 546 deaths, giving a mortality of 62 per cent.

In Liverpool, in 1849, 175 cases were treated by the medical officers of the Homœopathic Dispensary, of whom 45, or 25.7 per cent., died. The medical officer of health, Dr. DUNCAN, reported the mortality of all cases occurring in the town as 46 per cent.

The average mortality from cholera in the epidemics of Vienna, Edinburgh, and Liverpool, to which we have referred, was therefore about 30 per cent. among those cases treated homœopathically, while among such as were under the care of non-homœopathic physicians in the same towns, at the same time, and occurring among the same class of the population, the average mortality was rather more than 59 per cent.

In an epidemic of yellow fever which occurred at Natchez in South Carolina, Drs. DAVIS and HOLCOMBE had 555

* *Austria and its Institutions.*

cases under their care, of which only 33, or 6 per cent., terminated fatally. Eight allopathic practitioners, residing at Natchez at the same time, lost 320 cases. How many were under their care we have no means of ascertaining; but supposing each to have treated half as many as those under the joint care of Drs. DAVIS and HOLCOMBE, a total of 2,220 cases would result, which, with deaths to the officially recorded number of 320, would give a mortality of about 14·5 per cent. In New Orleans, in 1853, the mortality under homœopathic treatment was stated by Dr. VAIL* of that city to have been 6 per cent., while in private practice among allopaths, it was roughly estimated at between 30 and 40 per cent.; and that in the charity hospital at the same time was stated by its medical officers to have been 66 per cent.

The last epidemic to which we shall refer is that of relapsing fever and dysentery, which occurred in Ireland in 1847. To test homœopathy in that very fatal and distressing epidemic, Dr. KIDD was despatched by the *English Homœopathic Association*. Dr. KIDD selected Bantry, a small town in the neighbourhood of Skull and Skibbereen, as his residence. Here, notwithstanding the extreme misery which prevailed from want of food, clothing, and proper protection from the inclemency of the weather, Dr. KIDD lost only two out of 110 cases of fever, or a mortality of 1·8; while in the Bantry Union Hospital, with all the advantages of warm clothing, suitable food and adequate nursing, out of 254 cases admitted during the three months Dr. KIDD was in the neighbourhood, 35 died, showing a mortality of 13·8. Of 81 cases of dysentery, Dr. KIDD lost during the same time 11 or 14 per cent., whereas in the Union Hospital, of 250 cases, 90, or 35 per cent., died.

Dr. KIDD's report of his experience on this occasion

* *North American Homœopathic Journal*, May, 1856.

appears in a paper published by him in the *British Journal of Homœopathy*. The medicines used by him were invariably homœopathic, and were all given in the 3rd or 5th dilution.

Here, then, we have a body of facts, recorded by men of whose skill and probity no doubt can be entertained, which show most completely that, as compared with the ordinary methods of treatment, that known as the homœopathic has been found more effectual, not only in reducing mortality from disease, but also in abbreviating its duration. Further, the comparisons we have instituted cannot be challenged on any of those grounds on which the validity of medical statistics, when employed for the purpose of estimating the relative value of different kinds of medical treatment, have been ordinarily challenged. The cases were not only the same forms of disease, but they occurred at the same periods of time, in the same localities, and among the same class of persons. The only difference between the two sets in each instance was that in the one the treatment was homœopathic, in the other it was not. It seems difficult to draw any other conclusion than that the difference in result was due to the kind of medicinal treatment pursued.

We, then, commend the consideration of these facts to medical men and medical students, feeling sure that they present a strong *prima facie* case for the study of homœopathy. Nay, more, we think that with such facts as these unrefuted, and, as we believe, unrefutable, staring them in the face, it is a duty incumbent upon all who who desire to practise their profession with a single eye to the advantage of their patients, to enquire into that therapeutic method which they so clearly demonstrate to be that which is the most completely, most speedily, and most frequently curative.

TWO NEW ACIDS,

Being part of a Lecture delivered at the London School of Homœopathy,
October 11th, 1877,

BY DR. RICHARD HUGHES.

I HAVE now to introduce you to two new members of our group of acids—the *picric* and the *salicylic*.

ACIDUM PICRICUM,

or—as it used to be called—carbazoticum, is the product of the action of nitric acid upon several substances, among which I may mention carbolic acid and salicin as suggesting one of its relationships. It forms in whitish-yellow prisms, and is soluble in alcohol, which will accordingly be its pharmaceutical vehicle.

Our fullest old-school information about this substance is contained in a brochure by Erb, of Würzburg, entitled, “*Die Pikrinsäure, ihre physiologischen und therapeutischen Wirkungen* (1865).” For homœopathic purposes we owe our knowledge of it to two American physicians—Dr. L. B. Couch, who proved it on himself and six others in 1876, besides experimenting on animals,* and Dr. S. A. Jones, who, in a series of papers,† has analysed its pathogenetic effects, adding to them some observations on the changes it induces in the urine.

The conclusions arrived at by Erb’s experiments are stated by him as follows:—

“1. *Picric acid*—in combination with potash or soda—is absorbed into the blood, enters nearly all the tissues of the animal organism, and is in most part excreted with the urine:

“2. The entrance of large doses of an alkaline picrate into the blood brings about the destruction of a great part of the red blood corpuscles, and a consequent increase of the colourless (artificial leucocythæmia).

“3. Under the same circumstances a transitory artificial icterus is produced.

“4. Small quantities of the alkaline picrates are borne quite well for a long time: larger doses, after long use,

* See *New York Journal of Homœopathy*, ii. 145.

† *North Amer. Journal of Homœopathy*, xxiii. 448. *Transactions of World’s Convention*, vol. ii. *Amer. Homœopathic Observer*, xiv. 395.

cause death with the phenomena of inanition : very large doses produce (probably through destruction of the blood) a collapse, which, after a short time, ends in death."

Dr. Jones, in a paper presented to the World's Homœopathic Convention entitled "On the Erythræmalisis produced by *picric acid*," has carefully studied these phenomena. He shows that the poison acts directly on the red blood corpuscles, causing their degeneration and death; and that, as these are the oxygen-carriers of the system, the result is sub-oxidation, asthenia, and inanition. To clinch his views, he has communicated in a later essay the results of some experiments made to test its effect upon the urine. As might have been expected, the uric and phosphoric acids were found diminished, and the sulphates and chlorides increased. He shows us how to utilise these facts by relating his own case. He was "markedly indisposed to either mental or physical exertion; easily fatigued; readily blown by walking up hill; inclined to day-sleepiness, with poor appetite, and a general sense of torpidity. The effect of the acid on him was the precise opposite of that experienced by his two fellow-provers, who were in good health. Urea, uric acid, and phosphoric acid were all increased (the first to the extent of two grammes *per diem*), while the sulphates and chlorides were diminished; and therewith was experienced "an improved appetite, a general feeling of well-being and renewed vigour in the morning, and an ability to rise much earlier than usual."

Dr. Couch's experiments on animals were quite in accordance with the above as regards the condition of the blood; but they brought to light another action of the acid, viz., that which it exerts on the nervous centres. In both the animals he poisoned these were found soft, pulpy, and apparently completely disorganised,—the focus of the mischief being from the mesocephale to the upper cord, but extending more or less forwards and backwards. The symptoms during life were of the paralytic character which might be expected; and a similar condition was induced in the provers. Their legs were cold, weak, and heavy like lead; and they experienced a feeling of great lassitude and debility, which with one was accompanied by cold clammy sweats. Nor does the marked excitement of the sexual organs (as shown by priapism and profuse emissions) induced by the drug contradict these indications, when we remember how often this condition exists in the

early stages of chronic disease of the cranio-spinal axis, or as the result of injury thereto.* Everything points—as Dr. Jones argues—to a profound depression and anæmia set up in the nervous centres, going on to softening.

Little use has yet been made of this action of *picric acid*. It has served me very well to complete the cure of a case of spinal exhaustion following acute disease, which *phosphorus* had begun. I gave it in the twelfth dilution. It seems to have occasionally done good in locomotor ataxy, but I cannot think it homœopathic to the essential condition present in that disease. Dr. Jones mentions a cure of satyriasis of three years' standing effected by it, given in the third trituration. It will probably play an important part ere long in the treatment of central nervous disease. In this connection, the severe headaches it causes must be taken into account. They all begin in the occipital region, and thence extend forwards and downwards. Dr. Hale has found it very useful in headaches so localised, when the slightest excitement or even use of the brain would bring on the pain.

In two provers *picric acid* caused "small and painful reddish elevations like furuncles" on the face, going on to suppuration; and Dr. Houghton, writing of that troublesome affection boils in the auditory meatus, says: "During the last year I have used *picric acid* here with the greatest satisfaction, and find it nearer to a specific for the disease than any other medicine."

Finally, Dr. Jones suggests this new remedy as promising something for the hæmotosic diseases, among which he specifies idiopathic anæmia, morbus Addisonii, and intermittent hæmaturia. He might have added leucocythæmia. He thinks that the increase (which is absolute, and not merely relative) of the white blood-corpuscles under its use shows that it acts upon the blood-making organs; but it is of course quite as possible that it brings about this effect by checking the development of the white into the red corpuscles, to which it is so inimical, and thus allowing them to accumulate in the blood.

Dr. Jones very justly compares *picric acid* with *phosphorus* and *argentum nitricum*.

I have mentioned the doses in which it has hitherto been successfully used. The provings showed it to be as

* As in a case recorded by Harley, *Old Vegetable Neurotics*, p. 50.

active in the 30th as in the 1st attenuation, and to produce effects of a similar kind.

My other acid is

ACIDUM SALICYLICUM,

which, as its name imports, is obtained from willow-bark, or rather from the alkaloid thereof—*salicin*. It is soluble enough in alcohol, but trituration would seem the best preparation.

We have no proving of *salicylic acid*. It was first introduced as a rival of *carbolic acid* in point of disinfectant power; and for internal administration—as in cases of fermentation of the food—is preferable to that substance, owing to its want of offensive odour and actively toxic properties. The repute of willow-bark and *salicin* in malarious fever then led to its employment herein; and it was found pathogenetically as well as therapeutically to resemble quinine. It thus came to be tried as an anti-pyretic in general; but the only two conditions of the kind in which its use has proved successful are septicæmic fever and acute rheumatism. In the latter disease it has received the warmest commendations from all quarters. It seems to find its opportunity when the temperature is high, and joint after joint is being involved; and its administration at this time rarely fails to bring speedy relief and rapid convalescence. *Salicin*, in Dr. MacLagan's hands, has yielded results as good as those obtained with the acid; and the combination with an alkali—as soda—seems in no way to weaken its properties, while it gives a more soluble preparation.

In the face of these facts, we homœopathists have to consider what we ought to do. The results of our treatment of acute rheumatism, though satisfactory enough, are certainly not as good as those obtained with this remedy; nor can we claim its action as an instance of the operation of the law of similars. It does not elevate the temperature in health, as Fürbinger has shown for the acid itself, and Ringer for *salicin*. Several of our own school—among whom I may mention Drs. Hale and Lilienthal in America, and Dr. Wheeler in this country—have used it, and reported successes surprisingly good in comparison with those to which they had been accustomed. The bad effects occasionally reported seem to arise from unnecessarily large dosage. Dr. Hale finds from three to five grains every hour or two

quite sufficient, and Dr. Lilienthal, preparing an extemporaneous *salicylate of soda*, with twenty grains of the acid and the same quantity of sodic carbonate to six ounces of water, found the effect of dessert-spoonful doses "surprising." I do not think that we shall be justified in abstaining from the use of this remedy in the cases suitable for it, until experience proves that we can do better.

On the other hand, indications for the homœopathic use of *salicylic acid* are fast arising from these very accidents of over-dosing to which I have referred. Dr. Ringer's experiments on the human subject with *salicin* (in the eleventh volume of the *Journal of Anatomy and Physiology*) confirm its analogy with quinine. "The aspect," he writes, "of a patient under full medicinal doses is very characteristic, being in many respects similar to that of a person suffering from cinchonism." Amongst other symptoms of this state he mentions,—“the patient, made more or less deaf, often complains of noises in the ears.” This effect, noted by Mr. Tuckwell from *salicylic acid*, has been most definitely described by Dr. Gowers, of University College Hospital,* as occurring during the administration of *salicylate of soda*: and he, besides the deafness and tinnitus, found vertigo to exist. We have thus, as Dr. Gowers perceived, the essential features of Menière's disease (“auditory nerve vertigo”). He himself, curiously enough, made some tentative prescriptions of the drug in this very affection. But Dr. McClatchey, of Philadelphia, reports that, on reading his remarks, he at once administered the *salicylate of soda* to a person suffering from auditory nerve vertigo, who had failed to find relief from ordinary remedies. Two grains every three hours were given with almost immediate relief; and within a week the whole train of disagreeable symptoms had disappeared, leaving normal hearing. He adds that a troublesome nausea accompanied the head symptoms, and that this was the first thing to disappear under the use of the *salicylate*.†

* See the number of this Review for June.

† See *Hahnemannian Monthly* for August.

ON THE WEARING OF FLANNEL OR WOOLLEN UNDERCLOTHING.

BY JOHN W. HAYWARD, M.D.

INASMUCH as a large majority of the diseases of this climate have their cause in the influence of the atmosphere, and the variations of its temperature and moisture, protection from these climatic changes is a matter of great importance to the public; and inasmuch as protection from the influence of our climatic variations is mainly to be effected by the use of clothing—including, of course, clothing for the mouth, that is respirators—and by alterations of the clothing with the alterations in our climatic surroundings, it is a matter of great importance to the public how they clothe themselves, and what is the nature of the materials of which their clothing is made. The following remarks will not be inappropriate, then, at this time of the year.

“Flannel” is a soft, loose cloth, made of wool; and “wool” is a thin, soft hair, Nature’s covering of the animal which, of all animals, is throughout the world exposed to the greatest extremes of cold, viz., the sheep.

“Wool” forms the principal substance of the greater part of all our outer-clothing; this being made up of fabrics composed chiefly of wool, with different proportions of cotton, linen, or silk; which, in most cases, are mixed together in one and the same fabric; though some articles of clothing are made of wool only, or cotton only, or linen alone, or silk alone.

Flannel is simply and purely a woollen fabric of peculiar texture.

It appears to be the general consent of mankind that a combination of wool with some cotton, or linen, or silk, forms the best general material for our clothing. It is also tolerably well agreed that under some circumstances it is well for some persons to wear some article or articles of clothing made solely of one or other of these materials alone, that is simply of wool, simply of silk, or simply of cotton, or linen.

In the article on “wool” in *Chambers’ Encyclopædia* it is stated that, “The use of woollen clothing is almost universal in temperate climates.” And this, I take it, does not refer exclusively to outer garments, but includes the ordinarily worn underclothing; nor does it, I think, mean

only in winter. I believe the above quotation expresses the true state of the case; for, from long and much observation, I am of opinion that nine-tenths of the people of Great Britain wear some article of simply woollen underclothing all the year round, and a still larger proportion do so during the winter months.

The ordinarily worn articles of woollen underclothing are, flannel or woollen jackets, vests, shirts, drawers, and stockings. Woollen stockings are worn by most people, both men and women, and in most cases all the year round. Woollen shirts are worn by a large proportion of men, and in many cases during summer as well as winter, indeed perhaps more in summer than in winter, because of the liability to perspire after exertion. Woollen jackets, or vests, are worn by both men and women; but, as a rule, only in winter; though a good proportion of people wear light flannel ones in summer also to prevent taking cold after perspiring. Woollen drawers are worn by both men and women during the winter months.

Now, why should it be such a general practice to wear woollen underclothing? It is, doubtless, because experience has demonstrated the benefit and pleasure of doing so. There is generally some philosophy at the bottom of popular practices.

Clothing is worn, of course, partly to hide from sight, and partly as a protection from cutaneous injuries, but *mainly* as a protection from the variations and extremes in the temperature and moisture of our surrounding medium.

For the healthy play of our organs and functions our bodies require to be kept at a temperature of about 98 deg. F.; a variation of only 2 degs. either upwards or downwards from this standard being inimical to health and comfort. But our climatic surroundings are always very much below this temperature, and are therefore constantly robbing us of our heat, and tending to reduce our temperature to a level with their own. Our enveloping atmosphere—I refer to that of Great Britain—has a mean temperature, even in summer, of only about 60 degs. to 80 degs. in the day, and 47 degs. to 67 degs. in the night; and in winter of only about 32 degs. to 52 degs. in the day, and 28 degs. to 48 degs. in the night, with frequently a run down to below 28 degs. in the winter, even in the day; that is, some 60 degs. or 70 degs. below the temperature of our bodies. Hence we have to put on clothing to check or

retard the abstraction of our heat—to check or retard only, however, because we cannot prevent it; for do what we will, or wear what we will, our surrounding media will abstract some of our heat; and, let it always be borne in mind, too, that no kind or amount of clothing can give us heat or add the least warmth to us: all our warmth must be generated within ourselves; and our efforts must be directed towards checking its dispersion or abstraction: all kinds of clothing indeed really abstract heat from the body instead of adding any to it; and the question can only be as to which does so least, or least rapidly. It is true that the internal fire within our bodies, resulting from the vital and chemical changes always going on between our blood and tissues, tends continually to keep up our bodies to about the natural standard; were it not so, notwithstanding all our clothing, we should soon be reduced to the temperature of our surrounding medium, and thereby not only thrown into disease, but absolutely killed. But this internal fire, these vital and chemical changes themselves, are injuriously interfered with by exposure of our bodies to the extreme variations of our climatic conditions, especially by cold and damp. For health and comfort, therefore, our bodies require to be enveloped in clothing that will protect them from the coldness and moisture of the atmosphere in which we have to live. The two most prevalent and most injurious atmospheric conditions are coldness and moisture: when separate, these are very trying conditions, even to persons in health and vigour; that is, persons in whom the bodily organs and functions are working harmoniously and well; and they are much more so to persons out of health, or delicate; that is, persons in whom some of the bodily organs are working badly, or scarcely at all, or in whom they are all languid, or feeble, and little able to resist inimical external influences. The great object in view, therefore, in the matter of clothing, ought to be to preserve bodily warmth and protect from external moisture; and our clothing should be made of materials calculated to meet these two purposes.

We have, it will be remembered, four principal clothing materials, viz., linen, cotton, silk and wool. Which of these is best adapted to the preservation of warmth and protection from damp? LINEN is a rapid absorber of both heat and moisture, and so it rapidly abstracts the heat

of the body: this is evidenced by the chilling sensation experienced on first putting on a linen garment, and with which we are all familiar. Writing on this subject, in his *Management of the Skin*, Mr. Erasmus Wilson says: "Linen is a good conductor of heat, and is therefore the very opposite of a warm dress . . . and it is open to a stronger objection; from the porosity of its fibre, it is very attractive of moisture, and when the body perspires it absorbs the perspiration actively, and displaces the air, which, in its dry state, is held within its meshes; so that in place of an atmosphere of dry air, it becomes the means of maintaining a layer of moist air. Now, water is one of the best conductors of heat, and removes it so rapidly from the body as to cause a general chill. But this is not all; the moisture in the tissue of the linen has so great a capacity and attraction for heat, that it continues to rob the body of more and more until the whole of the moisture is evaporated. These circumstances have caused the entire abandonment of linen as a covering next to the skin in hot climates." (3rd edit., p. 101.) He might, with equal truth, have added, that these qualities render it equally, if not more, unfit for clothing, next to the skin, in temperate and cold climates. COTTON absorbs heat and moisture less rapidly than does linen; still it does both quite rapidly, and is therefore open to the same objections in these respects as is linen, though of course less so. SILK is a rather bad abstracter of heat and absorber of moisture, and therefore in these respects is a far preferable material, and makes a much warmer and more comfortable clothing than does either linen or cotton. Silk is indeed an excellent material for underclothing in the form of vests, jackets, shirts, drawers, and stockings. Its main drawback is its price; this is so great as to place it beyond the reach of the majority of people.

By far the worst conductor; by far the worst abstracter of heat and absorber of moisture, of all the clothing material provided by a bounteous Nature, is WOOL. We might make an exception in favour of feathers, but of course these are out of the question. "Wool," says Mr. Erasmus Wilson, "is one of the worst conductors of heat, and is on this account a valuable and indispensable means of preserving the bodily heat in winter, in cold climates like our own; and even in summer it is a serviceable defence against colds and rheumatism." The loose open texture also of

woollen fabrics is another advantage they possess, for by it they retain within the thickness of one garment a layer of atmospheric air, which is another bad conductor, and which, when thus retained, forms a kind of light warm garment, which costs nothing: and, unlike mackintosh, though they retain a layer of air, woollen garments do not keep in the perspiration, or other exhalations from the body. Linen fabrics, on the contrary, and cotton and silk fabrics also, are of rather close texture, and thus they do not preserve a layer of confined air, except when two or more garments of them are worn at the same time, and not very well even then. I need not refer to the advantages of the non-absorbent nature of the wool for outer clothing, but doubtless this is one of the reasons why woollen clothing is so universally worn: cotton and linen are utterly unsuited for outer garments in this moist climate, for they would be always damp and limp, and out of shape from absorption of the moisture from the air. It is also a significant natural evidence in favour of woollen under-clothing that wool is the material with which Nature clothes those animals which throughout the world are most exposed to cold and damp, viz., sheep and polar bears.

We have, then, four clothing materials, viz., linen, cotton, silk, and wool, and the question is, Which of these is best adapted for clothing to be worn next to the skin? The evidence so far is, I think, against *linen*; because, though from the roundness and pliability of its fibre, giving a smoothness and softness to its fabrics, it forms a fresh-feeling and non-irritating garment, still, from its power of rapid abstraction of heat, and absorption of moisture, it is a very objectionable, indeed, dangerous, material for clothing to be worn next to the skin in this variable climate—subject to such frequent, sudden, and great changes in temperature and moisture—because, instead of preventing, it contributes to the liability to take cold; not only does it abstract the bodily heat, and promote chilliness in cold weather when necessity imposes quietude, but it rapidly abstracts the heat, and absorbs the moisture produced by any temporary exertion which we are occasionally obliged to make—reducing the temperature again too rapidly, and thus inducing a shiver, with its train of manifold evil results. As to *cotton*, though the flat and sharp edged nature of its fibre makes it inferior to linen in freshness, softness, and smoothness of fabric, it is superior to linen

in being a much less rapid abstracter of heat and absorber of moisture, and, therefore, not liable to reduce the temperature so rapidly as it; still it is, nevertheless, a much too rapid abstracter of heat and moisture to be a suitable material for clothing to be worn next to the skin in this variable climate, and this high-pressure life, where sudden exertion to the production of perspiration is so frequently called for, that any material that rapidly absorbs heat and perspiration should be avoided. As to *silk*, though from its fibres being round and non-irritating, it is superior to cotton, and from their being smaller and softer than those of linen, it is superior to it in softness and smoothness of fabric, and from its little absorption of heat and moisture it is superior to both, and a very suitable material indeed for clothing to be worn next to the skin in all climates, and especially our own; yet it is very expensive, and its price renders it an inaccessible material to the majority of people. *Silk*, then, cannot claim to be in all respects the best material for our purpose. We are thus, by exclusion, brought to the one material—*wool*. *Wool* not only possesses nearly all the excellencies of *silk*, and nearly all the excellencies of *linen*, and all the excellencies of *cotton*—and in a greater degree than they do—but it is, as before shown, free from almost all their objectionable qualities, and it possesses peculiar excellencies of its own, besides, for instance, its power of preserving bodily warmth when the body is at rest in cold weather; from its non-absorbent nature it prevents rapid cooling after exertion and perspiration, thus preventing chills and colds and their evil followers; and besides all this, it is an animal substance, and on this account also much superior as a covering for animals to the vegetable productions *cotton* and *linen*. It is soft and light, and its fabrics are of loose texture, retaining in their meshes a layer of still air, which vastly increases the power of retaining heat without increasing the weight of the clothing or the number of the garments, and this latter is a great convenience in the matter of dress. *Theory*, then, teaches that *wool* is the best material for our clothing, not only outer but under clothing; and *experience* corroborates this testimony. Experience has taught physicians to order rheumatic people to wear flannel clothing next to the skin all the year round, and it has taught these people the benefit of doing so; it has also taught physicians to remove the sheets, whether *linen* or

cotton, and place rheumatic fever patients between the blankets, and all persons in all cases of damp, or suspicious dampness of beds, to remove the sheets and sleep between the blankets. And those persons, too, who are exposed to cold and wet, such as sailors, miners, and well sinkers, always to wear woollen underclothing; and so, too, those exposed to great heat, and especially if alternated with sudden exposure to cold, such as engineers, engine-drivers, &c., experience has taught all such the necessity, to say nothing of the comfort, of wearing flannel next to the skin; so, also, residents in hot climates have been brought by experience to eschew linen, as stated by Professor Erasmus Wilson, and to wear flannel. Dr. Madden, in his *Health Resorts*, makes the following pertinent remark:—"I would further counsel every traveller in a warm climate to wear fine flannel underclothing, no matter how hot the weather may be." (p. 16.)

I would, then, advise all persons to wear flannel or silk underclothing, and that all the year round; graduated, of course, according to the season and temperature; and to wear it, though thinner and finer, during the night also, changing it on going to bed and getting up. All persons should have two or three qualities or thicknesses for day-wear, and change according to the temperature. In cases of very irritable skin some light linen garment may be worn underneath the flannel one, or silk may be substituted for flannel.

Some persons object to the wearing of flannels; and, strange as it may appear, the very qualities that make them such excellent underclothing are raised against their use; for instance, the non-absorbing and warmth-preserving property of flannels is by some thought to be a disadvantage, because, say they, by retaining the warmth and moisture they render the skin soft, flabby and relaxed, and sensitive to the variations of our climatic surroundings. This is, however, a mistake; it is not the wearing of flannels that makes the skin relaxed, but the wearing of them too thick. Again, it is objected by some that flannels are so warm, that once put on, they cannot be left off without risk; but this, too, is a mistake, unless those worn be too thick; and even then they may safely be discarded by first substituting thinner ones. It is also objected that though suitable for very cold days flannels are too warm for less cold days, or if the day should turn out warm, but

that when once put on they must be worn on the less cold days also. Well, but all evil may be obviated by wearing a lighter coat or other outer clothing under these circumstances, or by having two or three thicknesses of flannels, and wearing them according to the warmth or coldness of the day; but even at the worst, this only resolves itself into the choice between being a little too warm some days and being too cold some days; and the former is the less of the two evils. It is also objected that flannels irritate the skin in some persons and produce an intolerable itching; this is the result in some cases of wearing too coarse ones, and may be obviated by wearing fine ones, and in those few instances where fine flannels irritate the skin, linen may be worn underneath them, or silk may be substituted.

Finally, I must insist that the judicious wearing of flannels does not produce a liability to take cold; it is the improper wearing of them—wearing them too thick; also that fine flannel very seldom irritates the skin; when flannel does irritate the skin it is nearly always too coarse, or it is new, and may be prevented from doing so by being washed.

Grove Street, Liverpool.

INTERMITTENT FEVER.

A Few Words on PHOSPHORIC ACID and on CEDRON.

By W. BAYES, M.D.

ON Sept. 29th, 1873, J. W. C., a medical student from New York, came to me with the following history of his case. After an attack of typhoid fever he determined to come to Europe for change of air. On board ship he was seized with tertian ague. Cold fit comes on about 5 p.m. or rather later, lasting from one to two hours; hot fit lasted the whole evening; sweating comes on as soon as he goes to bed, excessive, wetting through everything, and lasting all night. At his visit pulse 84, tongue somewhat furred. His appetite good, his bowels act regularly, his urine varies, at times loaded with lithates.

Has, hitherto, been treated allopathically without benefit; *quinine*, *arsenic*, &c., in large doses have done no good. Ordered *belladonna* 3x, two drops three times a day, and *phosphoric acid* 3x, two and-a-half drops night and morning.

Oct. 2nd. Had an attack of ague on the day he left, and again yesterday, but the time is altered. The cold fit comes on at eleven in place of five, the perspirations are less severe.

Now I wish to call the attention of the reader to two curious facts. I gave the *belladonna* from its known pathogenetic power to cause a recurrence of symptoms in the afternoon from four to six p.m. Therefore in a fever whose chills set in about five p.m. I hoped to relieve or to cure by *belladonna*. It did not cure but it broke the regularity of the incidence, and this is always an advantage in intermittents. Then I gave *phosphoric acid* from its known relation to exhausting sweats, particularly when occurring at night. Here, again, the medicine had acted satisfactorily, and the perspirations were less severe. I also found that the pulse was only 72, and the urine was less loaded.

Hence I continued the *belladonna* 3x, and the *phosphoric acid* 3x.

Oct. 6th. The ague fit still comes on every alternate day, the chill commencing at twelve, and the fever leaving him at three p.m. Although the duration of the attack was thus shortened, yet the last three attacks had not been progressively shortening, hence I changed the medicine, and gave *cedron* 3x, three drops every four hours.

Oct. 9th. The patient reports that since taking the *cedron* he has had no attack of fever. *Cedron* has exact periodicity of recurrence as its marked characteristic. As the last two or three attacks had come on very closely at the same hour, I chose this remedy, which has more than once fully answered my expectations in the treatment of intermittent, coming on with great regularity at the same time of day. Continue *cedron*.

Oct. 16th. There was no recurrence of the fever till the 13th, but both on the 13th and on the 14th there were attacks of ague lasting two hours and a half on each day. The perspirations being particularly severe. Hence I continued the *cedron* 3x, giving three drops three times a day, and gave *acid phosphoric* 3x, two and-a-half drops night and morning.

These two attacks of ague having assumed the quotidian type, I felt sure that cure was now very near at hand; for once thoroughly change the character of an intermittent, and its continuance is unlikely.

Oct. 24th. On the day following the last visit, a chill came on, but was followed by no fever, nor by sweat. On the third day again a chill, with neither fever nor sweat. Continue *cedron* 3x, and *acid phosphoric* 3x.

Oct. 30th. No return of any symptoms of ague. There remains only a little stomach derangement, slight indigestion, furred tongue (at back), and nausea. For these symptoms I ordered *nux vomica* 3x, a pilule half-an-hour after each solid meal, and *ipécac.* 1, two drops night and morning, for a few days.

November 11th. Reported himself as having been quite well since his last visit, except occasional free perspirations at night. For this I ordered *acid phosphoric* 3x, night and morning as before.

This case is instructive, as showing that ague may refuse to yield to strong material doses of *quinine* and of *arsenicum*, and yet be well and soundly cured by careful treatment of its symptoms.

This young man returned to New York fully determined to study homœopathy, against which he had previously been strongly prejudiced, until persuaded to try its effects on his own case in consequence of the failure of the older system to cure his trouble.

His mother called on me this year, and from her I hear that his cure was complete. Four years have now elapsed, and he has had no return, either of his ague or of his baseless prejudice against Hahnemann's great reform.

CLIMATE OF PAU.

By TUTHILL MASSY, M.D.

THERE is no climate on which more contradictory statements have been made than on that of Pau. For years I have felt a desire to see the place and form my own opinion. This wish I accomplished on the 30th of last October, after a run in the night train from Paris. It rained all the way, and as we approached Bordeaux the air became hot and oppressive. This state of the atmosphere continued during the first two days of my visit, when I called on Sir Alexander Taylor, who received me with great courtesy, and presented me with his work on the "*Climates of the South-east and South-west of France.*" He also made a critical remark on those who sent patients by "*guess-work,*" and not from practical experience; for during his

residence at Pau he had on some occasions felt it his duty to send patients away who could ill afford the expense of further change. The principles of medical climatology should be considered under the variety of temperaments, sex, age, idiosyncrasies, disease, &c. The qualities of climates, prescribed in a curative sense, ought to be in strict relation to the natural temperament of the patient. Sir Alexander has given several *tests* which ought principally to guide the physician in the choice of climates for the sick. He divides the south of France into two classes—the *exciting* and the *sedative*. With the former he ranks Nice, Mentone, Cannes, Hyères, &c. With the latter stands Pau, almost alone, with a neutral state of atmosphere, a small proportion of free electricity and ozone, with great atmospheric stillness. So much on one day did this exist that I felt a desire to shake the elements, and hoped for a thunder-storm, a desire which would be fulfilled on such a day in Old England.

Dr. Joseph Kidd spent a winter in Pau, and described the climate as “depressing and relaxing.” Now the resident physicians will not admit the word *relaxing*, as they prefer *sedative* in its stead, for to produce a relaxing climate, Sir Alexander Taylor tells us, there must be two leading elements present—“first, an elevated temperature, and second, the presence in the atmosphere of free communicable damp.” The word “relaxing” would certainly apply to my two first days, for the heat was oppressive, and the velvet on the banisters felt damp. Apart from this question is one which interests us most—What diseases are benefited by a sojourn in Pau? Some derive great comfort from the *sedative* nature of the atmosphere, such as neuralgic sufferers with sleepless nights. On the other hand, from the almost complete absence of *ozone*, it is not fitted for cases of muscular debility, locomotor ataxy, and some forms of paralysis.

During my week's stay I saw two cases which should never have been sent to Pau; for the stillness in the air and want of feeling of life produced great mental depression, and consequently muscular relaxation.

Mosquitoes are very troublesome to the visitors, and prefer their blood to that of the natives; I was surprised to see a full drop of red blood after crushing one. Their arrival is curious, as they were unknown in the district until the first train arrived, which, having passed through

a mosquito valley some forty miles distant, brought them up "without return tickets," and since then daily fresh arrivals have occurred. Before concluding I must correct an error which has fallen, I cannot tell how, into Dr. MORRISSON's charming papers on "*The South of France*." The article on Pau was a little *too* much coloured for the state of my mind when standing in the Place Royale, opposite the Statue of Henry IV. I looked in vain for what the doctor has called "one of the finest squares in Europe." In deep disappointment I marched from one side to the other before the King and measured 70 paces, about 210 feet. The Place Royale is not a *square*, and might have been stolen and not missed from St. Stephen's Green, which is a square in Dublin. Further, it is not for a moment to be compared to one of our three largest squares in Brighton.

An English visitor stood by me while I was expressing these opinions, and exclaimed, "Where could the writer have come from?" I answered, "From a London square."

I am now at *San Remo*, where I intend to winter, and represent our reformed medicine.

Hôtel de Londres,

Nov. 17th, 1877.

THE SOLUBILITY OF PHOSPHORUS IN ALCOHOL.

NOTES OF EXPERIMENTS BY J. M. WYBORN.

WITH a view to ascertain the degree of solubility of this drug in alcohol, the following experiments were made:—

1. Several chips of pure phosphorus having been cut under water, were carefully and rapidly dried between folds of filtering paper, and placed in a small porcelain crucible containing distilled water, the weight of which had been previously ascertained by means of an Oertling's balance turning to the hundredth of a grain. The whole was then weighed, and the increase of weight was found to be 3.88 grains. It was subsequently ascertained that the weight of the water was diminished by evaporation at the rate of one hundredth of a grain per minute during the operation, and this loss was estimated at about equal to the gain arising from the small quantity of water necessarily adhering to the phosphorus on account of the rapidity with which it was essential to dry it, in order to prevent

the action of oxygen upon it. The increase was therefore taken as the correct weight of the phosphorus.

Four fluid ounces of absolute alcohol (the specific gravity of which had been just previously ascertained to be $\cdot 793$ at 69 deg. F. corresponding to $\cdot 797$ at 60 deg.) were placed in an ether-capped amber glass bottle, and the phosphorus divested of as much moisture as practicable was transferred to it. The bottle was then placed in hot water until the phosphorus melted, and afterwards shaken till the latter entirely dissolved, the solution continuing bright and free from precipitate for several hours.

After about 16 hours it was again examined and found to contain a considerable number of crystals of phosphorus. This crystallisation had occurred during the night. The solution was allowed to stand for two days, being well shaken at intervals, and some of the crystals were redissolved during the day, but that fresh ones formed during the night was evident from the fact that those observed were much longer than any which remained the previous night.

Two fluid drachms of absolute alcohol from the same bottle as before were added (the stock bottle having remained closed and capped since the first quantity was taken from it) and the solution, which still remained clear, was allowed to stand (with frequent interruptions while being shaken) for several hours.

The bottle was again placed in hot water, the phosphorus re-melted and shaken till completely dissolved. After standing all night a few crystals were formed. The bottle was then shaken at intervals for several hours without the desired result.

One fluid drachm of alcohol was again added, the bottle being then well shaken, and afterwards allowed to stand without disturbance for 48 hours, when all that remained of the phosphorus was almost dissolved by shaking at a temperature of 65 deg. F.

Another fluid drachm of the alcohol was added, and a perfect solution effected by further shaking at 65 deg., the liquid remaining quite bright and clear after standing all night, during which period the temperature had fallen to 59 deg.

The solution on being tested gave no indication of acidity.

2. The above experiment was repeated with alcohol

from the same stock, but a different specimen of phosphorus, of which 8.35 grains were treated, first with 4,389 minims, subsequently increased to 4,595, when two small crystals only remained, which were scarcely visible to the naked eye, and could not have weighed more than one hundredth of a grain.

Five minims of alcohol were added, and the whole was kept at a temperature of 120 deg. for some time, but all attempts to effect a solution failed, and the liquid becoming milky through continued heating, further efforts were discontinued.

In the first experiment the alcohol was measured in the ordinary graduated measures, at temperatures varying from 65 deg. F. to 69 deg. F.

In the second, the bulk was measured in the specific gravity bottle at 60 deg., and the result in grain measures calculated as minims, the additional quantities being ascertained partly by weight and subsequent calculation, and partly by measure. Greater accuracy was ensured by this latter method.

To sum up the above results, it appears that while one grain of pure vitreous phosphorus is soluble at about 110 deg. F. in 500 minims or less of alcohol (sp. gr. .797 at 60 deg.), the solution precipitates part of the drug in a crystalline state at a temperature of 60 deg.

At this last-named temperature about 550 minims are required to retain the same quantity in solution.

It may be urged that the alcohol used was not *absolute*, but it is extremely difficult in a pharmaceutical laboratory to prevent so-called absolute alcohol absorbing one per cent. of water, if it be not practically impossible, and as we are dealing with the practical manipulation of a medicinal drug, we should make allowance for such an inevitable deviation from theoretical strength.

REVIEWS.

Is Scientific Materialism compatible with Dogmatic Theology?

An Inaugural Address delivered before the Literary and Philosophical Society of Liverpool, 1st October, 1877, by J. DRYSDALE, M.D., President of the Society. London: Ballière, Tindall & Co. Liverpool: Adam Holden, Church Street. 1877.

THAT many a devoted and earnest student of physical science is without any belief in Divine revelation is well known. It has

indeed been urged that infidelity is the natural consequence of investigation into the nature of matter and its connection with mind. Rightly conducted enquiries of this kind can have no such result. While they enlarge the area of our knowledge of the works of God, they at the same time bring us face to face with difficulties, which, apart from revelation, it is impossible to encounter—difficulties, however, which the Christian naturalist meets by faith in the Word of the Creator of nature.

In the address before us, Dr. Drysdale, in a very carefully thought out argument, shows that scientific materialism, or the reduction of not only the inorganic universe, but also the phenomena of life and mind, to conditions of matter and force, is not only compatible with faith in a personal God and Creator, in the existence of spiritual beings, or of other minds than that of man, and in the future life of man, but that in his enquiries the physicist reaches a point when without the supernatural light of revelation he would be shrouded in utter darkness. "The method of science is," says Dr. Drysdale, "essentially sceptical, and continually tends to reject all interference of Causal powers, not themselves phenomena till we reach a point where analogies can go no further, and we are compelled to admit a primordial Cause, or Causes, of whose nature logic and science can tell us nothing. Therefore, it cannot tell us whether matter or force are self-existing, or even created by another self-existing power. And if we say everything must have a cause, and therefore matter, what then was the cause of the cause of the matter? and so on *ad infinitum*. Thus we are conducted to a blank wall by a method which is wholly powerless to penetrate the mystery which lies behind." The sceptic argues that because *he* cannot by scientific research demonstrate with mathematical accuracy and clearness the interference of a Divine power, *therefore*, no such power exists, there is no God, no future life. Admitting pure science will not enable us to prove the existence of God, yet "from the depths of the unseen world the voice of the Almighty himself has been heard declaring His will, and His nature and purpose, so far as seemed good to Him, and as we are fitted to comprehend. Surely, therefore, even altogether apart from the transcendent importance of the purpose fulfilled by the Divine interposition, the very knowledge that revelation brings to fill up the fearful gap in natural science, must make it a message indeed of glad tidings."

In concluding his entire argument Dr. Drysdale says, "we can expect no revelation in Scripture on what properly belongs to science, viz.: the nature of life and mind, so far as it is discernible by observation and experiment. To reconcile science and religion, it is sufficient for the whole scope of Christian dogmatics that the man of science may accept on supernatural authority,

the knowledge of the existence of personal, conscious, thinking beings, other than human, and whose substance is non-material, and that man, in a personal, conscious, and responsible state shall live again for ever. As to how this last is to be brought about, science can tell us nothing whatever, and Scripture gives extremely little that is distinct and positive, while, probably, it gives all that our faculties are able to comprehend. If these points can be received, as I maintain they can be, by one holding the doctrines of evolution and the merely functional nature of life and mind, then is Scientific Materialism compatible with Dogmatic Theology."

All students of natural science, who value Divine revelation, will feel grateful to Dr. Drysdale for having so forcibly, and yet so cautiously demonstrated that the researches in which they are engaged cannot be legitimately used to cast a doubt upon those revealed truths on which their future hopes are based.

Homœopathy the Science of Therapeutics. A Collection of Papers Elucidating and Illustrating the Principles of Homœopathy, by CARROLL DUNHAM, A.M., M.D. New York: Francis Hart & Co.

THIS volume contains the various essays which our lamented friend and colleague, Carroll Dunham contributed from time to time to the medical journals of his country, and to the various Homœopathic Medical Societies. Not a few are well known to our readers, having appeared in the pages of this *Review* soon after their publication in the United States. The title is derived from that of the first essay—one published in 1862 in the *American Homœopathic Review*, of which Dr. Dunham was the editor. With the understanding that the word therapeutics is limited to that part of the treatment of disease which consists in the use of drugs, this essay on *Homœopathy the Science of Therapeutics* is one of the very best ever written on the subject. The method of studying the action of a drug from the proving of it is unequalled by any other we have seen proposed. No better advice could be given to a student of *Materia Medica* than that, with Carroll Dunham's scheme before him, he should work out the sphere of action, the peculiarities and uses of all the best proved remedies. Such a plan of study would do more to make a man master of the *Materia Medica* than any amount of mere reading.

The Antagonism between Homœopathy and Allopathy is an eloquent and powerfully written exposition of the differences which have subsisted between the therapeutics of the schools and homœopathy.

In the next paper, *The Relation of Pathology to Therapeutics*, Dr. Dunham shows that valuable as pathological study is in the practical application of therapeutics, it can in no sense serve as a basis or foundation for the science of therapeutics.

The elaborate enquiry into the *Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose*, which was presented to the World's Homœopathic Convention last year, is the next essay, the conclusion of which is, "that no law for the determination of the dose can be deduced from the relation of opposition or contrariety, on the basis of which symptoms have been divided into series of *primary and secondary*."

The Dose in Drug Proving is a carefully written essay, urging the proving of medicines in all dilutions with carefully defined precautions.

The three following essays are on the *Alternation of Remedies*, a method of prescribing of which Dr. Dunham was an uncompromising opponent.

Then comes a paper on *The use of High Potencies in the Treatment of the Sick*, one of the best, if not the best, contribution to the much debated question of dose ever written by a high dilutionist. Two papers on the same subject are the next in order.

The Basis of Treatment is a short paper illustrating, by the details of a case, the importance of being guided in drug selection by the totality of the symptoms, rather than by one or more sufficiently prominent to suggest a pathological theory of the disease to be cured.

Notes of lectures on *Materia Medica*, by Dr. Kaspar, taken when the author was in Vienna, occupy the next seventy pages. They present brief, but very useful and thoroughly practical abstracts of the action and uses of seventeen medicines. The originals appeared in the *Philadelphia Journal of Homœopathy*, and have done good service in introducing many to a knowledge of the medicines of which they treat.

Dr. Dunham was ever an earnest advocate of the medical education of women. He was so more from a scientific than a social point of view. He saw clearly enough how much valuable information might be obtained from provings of drugs by women—the lack of which he regarded as the *Weak Spot in our Materia Medica*. In an essay in the volume before us, having this title, he points out this weakness. In the next he gives *Directions for Drug Provers*, and in the one following a summary of the provings of *Lilium Tigrinum* on women. Then follow essays on *Murex Purpurea*, *Platina*, remarks on *Rumex Crispus*, *Spigelia*, *Conium* and *Mezereum*. In the paper on *Conium*, he criticises Dr. John Harley's method of investigation, and compares it with that which has given us the full proving of *Conium* we have inherited from Hahnemann. Then follow some very fully reported and striking cases. The volume concluding with an essay on Asiatic Cholera.

Dr. Dunham's essays, one and all, exhibit him as a calm and earnest worker in therapeutics; they are clear, thoughtful, and suggestive. The papers on *Materia Medica* are full of useful, thoroughly practical information. We shall look forward with much interest to the succeeding volume, which is to contain the lectures he delivered at the College in New York with which he was connected, which owed so much to his zeal and energy. Meanwhile, we commend this volume to the attentive study of our medical brethren.

NOTABILIA.

PROFESSIONAL RECOGNITION OF HOMŒOPATHY.

WE learn from the *Medical Times and Gazette* and the *British Medical Journal* that this subject has been earnestly discussed at the Medico-Ethical Society of Manchester. The former journal (Nov. 24th) gives the following report:—

“The last meeting of the Manchester Medico-Ethical Society, held October 28, and, by adjournment, October 31, was enlivened by a debate of more than usual interest. It had been announced that Dr. W. H. Barlow, one of the honorary secretaries, would read a paper on ‘The Present Attitude of the Homœopaths,’ and a large number of members assembled, partly from curiosity to hear Dr. Barlow's views on the subject, and partly in expectation that the reading of the paper would be followed by an animated discussion. The paper might, perhaps, have been more correctly entitled ‘The Present Attitude of the Profession towards the Homœopaths.’ Dr. Barlow's remarks were very brief and studiously moderate in tone. He expressed an opinion that our relations with homœopathic practitioners stand in need of reconsideration, and he explained, in few words, his reasons for thinking so. It would be impossible, within the limits of this letter, to give anything like a satisfactory outline of the discussion. So large a number of members desired to take part in it, that it was found necessary to adjourn the meeting to the following week, when the debate was resumed. The main points insisted on by the more prominent speakers on the liberal side were:—1. That no one ought to be excluded from professional intercourse simply for the sake of his opinions. 2. That there do undoubtedly exist honest and sincere believers in homœopathy, whose practice is perfectly consistent with their opinions. 3. That it is they, rather than those other members of the homœopathic body who are ready to explain away their views, who are chiefly to be considered in any movement towards a recognition of homœopathic practitioners; and 4, that these

men have a real grievance which the profession is strong enough generally to redress. These propositions were not allowed to be passed over without expressions of dissent, for old prejudices are not overcome in an hour."

The version of the same meeting given in the *British Medical Journal* is as follows:—"The Medico-Ethical Society of Manchester, which is a fairly representative body, lately held a debate, which lasted for two evenings, upon the present attitude of the profession towards homœopaths. No decision was finally come to, nor, indeed, was any vote taken; but the prevailing opinion appeared to be that the rules of the Society in reference to this question required revision and might, in some respects, be conveniently made less stringent. It was urged by the advocates of this policy that we had no right to taboo men on simple matters of opinion, and that the adoption of homœopathy came under this category; that, while it was true we had no sound scientific basis for our therapeutics, we had dogmatists amongst us as extreme and truly unscientific as the homœopaths; and that it was, therefore, illogical to have one sauce for the goose and another for the gander. They, therefore, advocated the admission of homœopaths to our societies, and that the question of meeting them in consultation should be left to individual discretion and feeling. It was also stated by several German members of the Society, that the free professional intercourse which existed between the two schools in many parts of the Continent led to no practical difficulty. There were, of course, members who took a different view, and who said, 'Touch not the unclean thing, nor have anything to do with him who does touch it'; but, judging from the speeches, this party was in the minority. It is certainly felt that at present we are in an anomalous position; for while there is an expressed prohibition against any one meeting a homœopath in consultation, it is perfectly well known that homœopathic practitioners are being met every day by certain of the consulting physicians in Manchester. There is a strong feeling either to break down the barriers completely or make them so secure that there is no escaping them."

DR. WYLD AND THE LANCET.

In the *Lancet* of the 29th September Dr. Wyld published a letter on consultation between homœopaths and allopathists, in which he argued that he is "entitled to say from my experience that beyond a certain degree of shyness which accompanies the meeting of any two men in consultation whose views are not in perfect accord, I have found no difficulty, but much good, in meeting in consultation many of the first men in the profession, and I am certain that a more frequent professional intercourse

between men of different minds would result in material advantage to all parties."

In a note to his letter the editor explains that Dr. Wyld has renounced homœopathy, and therefore he is met, &c. But that until the whole "homœopathic sect" follows in his wake, and as a whole makes a recantation similar to that of Dr. Wyld's, consultation between non-homœopaths and homœopaths must be discountenanced as useless and degrading." Respecting this letter and foot-note—too long to print entire—we have received the following communication from Dr. Wyld, which, but for the over-crowded state of our pages, we should have published a month ago.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The above letter, with its foot-note, appeared in the *Lancet*, 29th September.

In answer to the foot-note, I immediately replied that I had neither renounced nor recanted anything regarding homœopathy, but that my present views were identical with those printed in a pamphlet I published in 1852, entitled "*Homœopathy: an attempt to state the question with fairness, and to analyse the relative merits of the new and old schools of Medicine.*" I reiterated that I had in my recent letters advocated the renunciation of the *distinctive name* only, and the admission that homœopathy pure and simple was not a *universal* system of medicine.

As the *Lancet* has not inserted my reply to its foot-note, I trust you will enable me now to assure your readers that I have not renounced or recanted one atom of my views regarding homœopathy.

Yours truly,

GEORGE WYLD, M.D.

Great Cumberland Place.

16th October, 1877.

HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

THE City Hospital of Indianapolis, in the State of Indiana, has recently had appointed to a share in its medical management three homœopathic physicians, Drs. Boyd, Runnels, and Compton. The patients are allowed to select their medical attendant from either school.

The City Hospital, it must be understood, is a State Institution, of the same type as our Marylebone Infirmary, and can in no way compare with one of our hospitals "supported by voluntary contributions." The City Hospital being sustained by enforced payments (taxes) from all the inhabitants of Indianapolis, those who prefer homœopathy have complained that they have hitherto

had no representative at their hospital, and by urging the principle that there should be "no taxation without representation," have succeeded in securing the appointments we have mentioned.

The allopathic practitioners of the city are of course very angry at what they appear to regard as an "intrusion." One of the local newspapers, *The People*, commenting upon their conduct, writes as follows:—"The medical war will have one good effect, if no other, it will cut the combs of the old school practitioners, and give them to understand that they do not own the City Hospital, and that other doctors have some rights which the public is disposed to respect. While there is no doubt of the fact that regular physicians are cultured, intelligent, and refined, and all that sort of thing, there is probably no class of citizens so bigoted and prejudiced as are these same regular doctors."

WARD'S ISLAND HOSPITAL, NEW YORK.

THE Homœopathic Times gives the following account of the Ward's Island Hospital:—"The census of the Homœopathic Hospital, Ward's Island, reached 670 recently, the largest number ever yet recorded in that institution, with the lightest death-rate of any previous month, viz., .08875. The institution has certainly demonstrated its sphere of usefulness, and proved that a large hospital may be successfully carried on under a board of homœopathic physicians and surgeons. Clinical lectures by members of the Medical Board will soon be commenced, and an excellent opportunity afforded for the study of disease.

"The report of the Commissioners of Public Charities and Correction for 1876, has just been issued, and shows the death-rate of our hospitals as follows, viz.: Bellevue, 12½ per cent.; Charity, 8½; Homœopathic, 6⅙.

"Daily per capita expense: Homœopathic, 27c.; Charity, 82c.; Bellevue, 42c.; Fever Hospital, 48c.; 99th st., 75c."

"THE ORGANON."

We have received a prospectus of a new quarterly journal of homœopathic medicine, having the above title, the first number of which is to be published on the 1st of January, 1878.

The editors are to be Drs. Skinner and Berridge, in England, and Drs. Lippe and Swan in America. The journal is to be devoted to the propagation of the views and practice of that small section of the homœopathic body, known as "Hahne-

mannians." We are inclined to the opinion that while some homœopaths err in too uniformly giving doses which are unnecessarily large, yet that the "Hahnemannians" go to the other extreme; while the "provings" by Dr. Swan, of New York (one of the editors), of sugar of milk, of *lac felinum* (cat's milk), of *lac caninum* (bitch's milk), of snow, and even of *aqua pura*, all of which "medicines" he prescribes in dilutions of c.m. and m.m., cannot fail to bring ridicule upon homœopathy.

We are, however, for freedom of thought, opinion, and practice in medicine; many undoubtedly remarkable cures have followed the use of medicines "potentized" to an extraordinary degree of dilution. If thirtieths and two hundredths act in a curative manner, it is impossible to say where the curative power of a drug ceases. What we want is *proof* of the efficacy of the extremely high dilutions in use by the Hahnemannian School. We have before now asked for cases clearly reported, about the diagnosis of which there can be no doubt, the progress and result of which are fully given; but with very few exceptions, those which have been published do not carry conviction to our mind that their happy termination was connected with the medicine they had received. We shall therefore hope to find in the new journal what, in the interests of truth, we are anxious to know. In the prospectus we are told that "it will be shown that the dose and potency are always secondary to the mode of selecting the *simillimum*—that, in fact, the basis for the selection of the remedy, and not the dose or potency, is the *fons et origo* of all our differences." We were under the impression that the rule laid down by Hahnemann, and recognised by all homœopaths, is to select the remedy which will cover the totality of symptoms, and the closer the better. If the editors of the new journal can show us a better way, we should be glad to know it. But as we all profess to follow the guiding rule of Hahnemann, there must be some misunderstanding when the prospectus tells us that the basis for the selection of the remedy is at the root of our differences.

We could have wished that the prospectus had been couched in more moderate and conciliatory terms, but this we pass by. Enthusiasm and earnestness are the qualities which carry the day, and though we may consider the "Hahnemannians" partly mistaken, yet they undoubtedly show these two qualities in a more than ordinary degree. We are proud to be considered students all our life, and if the new journal can point out to us our shortcomings, and show us a more excellent way in drug-selection and dose, giving us the full clinical records which they promise, we shall be glad to listen, and shall welcome the publication of "*The Organon*."

ON ORAL TEACHING.

In his recent Address, introductory to his course of Lectures on the Practice of Medicine, Professor Gairdner made the following remarks on teaching:—"The special function of the professor as compared with the book is that he has not only to direct you *what* to learn, but he has to teach you *how* to learn. And above all, he has to present himself to you in the attitude of one able and willing to learn himself—*Nature minister et interpres*, as Lord Bacon has it. For, in a highly progressive science and art like medicine, the first duty of the teacher is to inform you that it is progressive; and this he can do best, or perhaps only, through his own personal example. He will teach you facts, but not as closing the door, but rather opening it, to new facts; he will teach you principles, but not as fixed and unalterable dogmas. To quote Lord Bacon once more, he will deal much in the *axiomata media*, or provisional generalisations from facts already known; little in first principles, or speculative and abstract hypotheses as to the nature and causes of disease. Thus he will endeavour to imbue your minds vividly with what is least doubtful and most important; but along with this he will not forget that the first and last lesson to a physician, or from a physician to students of disease, is how and when to acknowledge ignorance and suspend judgment."

ON THE ADVANTAGE OF TEACHING TO THE TEACHER.

In the Inaugural Address lately delivered at the Glasgow Royal Infirmary School of Medicine, Dr. Hector Cameron said:—"It is the belief of those who have had most experience in the management and direction of large hospitals and in the education of medical students, that there exists no security for careful and minute attention to the cases of the patients like that which grows out of the necessity of elucidating and recording for the benefit of others every symptom observed, every danger apprehended, every remedy used in the cases of all. I might quote the opinions of many undoubted authorities in support of this statement, but it will suffice if I read you a single sentence from the pen of the great Dr. Gregory, written a long time ago. 'I do not know, nor can I conceive,' he says, 'any human contrivance that can more effectually and irresistibly oblige the physician to study carefully the case of his patient; to attend to every symptom or change of symptom; to exert himself to the utmost for his patient's relief; and at the same time to be as cautious as possible in the remedies that he employs, than to find himself under the necessity of giving a minute account of everything he has done in a very public manner, and before a number of competent judges.'"

JAPANESE THERAPEUTICS.

Dr. G. MAGET has furnished on this subject some interesting notes. General and local abstraction of blood is rejected by Japanese practitioners on the plea that the blood is too precious a fluid to be thus wasted. Febrile affections are chiefly treated by copious draughts of warm water, under the idea of relaxing the pores which have been constricted by cold. Calomel is a very favourite remedy, and is better supported by the natives than by Europeans. Blisters are popular; they are made with the powder of the *Papara piperata*, spread on a rice plaster. Moxas are frequently had recourse to as derivatives. Their active principle is extracted from the *Artemisia Japonica*. In less urgent cases acupuncture is employed, as in China, to replace the moxa, chiefly in abdominal affections, twenty needles being inserted on each flank. Shampooing is a very popular mode of treatment in rheumatic affections and certain cases of nervous debility; also an hygienic precaution against the fatigue of a long journey or of protracted labour. The Japanese ladies are so extremely modest that they employ none but the blind to shampoo them. Syphilitic affections are common, and are combated by cinnabar (red sulphuret). The soft sore is much more frequent than the hard one. In Japan, as elsewhere, the introduction of the evil is attributed to a neighbouring country.—*Medical Examiner*.

COOL BUT FRANK.

Dr. LOOMIS is a Professor of Materia Medica in one of the first Medical Schools in the United States. As an original observer in his particular department one can hardly desire him to have many imitators in his method. We quote the following from the *Homoeopathic Times*—a New York journal:—"Professor Loomis is not given to pathos, and the cool way in which he gives his experience in the *Medical Gazette*, of *salicylic acid*, is decidedly refreshing. 'In one case,' says the Professor, 'which was under my care I ordered ten grains every four hours at first, and then every two hours until 140 grains had been taken, when the patient stopped breathing. He got up to take a drink, laid back and died. There was no autopsy, but he gave no evidence of aneurism or arterial rupture. It was a sudden death. We do not understand the effect of *salicylic acid* sufficiently well as yet, and I shall always be more or less suspicious of it until I know it thoroughly. It brings on extreme prostration, and all the symptoms of cinchonism.'"

EXCESSIVE EXERCISE,

EXERCISE to the degree of fatigue, is an occasional error of convalescence. The opposite error is so much more common

that exercise is over-preached. A man will think that he can hardly walk too much, yet he may come to his food without strength enough left for digestion, and he may get to his pillow with an exhaustion, which makes sleep rather a torpor than a refreshment. It is for this that horse exercise is the medicine; it is the horse having the fatigue, and you the exercise. To sufficiently jar and agitate the liver and other internal organs (for some convalescents), the legs and arms must be over-worked. Pedestrian exercise particularly exhausts the spine and brain, "therefore," says the most celebrated English physician, "the kind of exercise less suited to intellectually hard working men." The thorough shake up, which is got in the saddle, is without effort, or with the effort of only such muscles as can best afford it, and the student rider comes back with physical forces all refreshed, besides the exhilaration of movement for the spirits, and change of scene for the mind.—*Home Journal*.

PHYSICIANS' TROUBLES.

THE physicians are reported to be lamenting the parsimonious treatment of those patients who, after deriving benefit from a prescription, obtained from a physician for the nominal outlay of from 1 to 5 guineas, pass it round to their friends, and by these means, if it is really an efficacious remedy, it is probably put into wholesale circulation. This pernicious habit of the public is doubtlessly robbing the profession of countless guineas. When we pay for a prescription—no matter how much—it becomes entirely our property, and beyond the control of any one else. Certainly this is only as it should be, and if we meet a friend suffering from a similar complaint to that from which we have been delivered by our physician's prescription, it is not singular that we should recommend him to try the same. But, as cases so materially differ, such trials are dangerous, and it is certainly preferable to consult the doctor anew. In some countries a chemist is not allowed to dispense a prescription twice unless it is countersigned by the original prescriber, and this is a good regulation supporting the allied interests of medical man and patient, as it compels the latter to spend his money to the benefit of the profession, and to seek the advice of an able man, particularly applicable to his own isolated case.—*The Monthly Magazine of Pharmacy, Chemistry and Medicine*.

RABIES AND HYDROPHOBIA.

WE understand that the Committee of Council of the British Medical Association have appointed Mr. Callender, Dr. Burdon Sanderson, Mr. Ernest Hart, and Dr. Lauder Brunton, a com-

mittee to organise an investigation of the causation, pathology, and treatment of rabies and hydrophobia, and have granted a sum of £100 towards the expenses of the investigation. In carrying out this investigation, the aid will be invoked of medical men and veterinary surgeons meeting with cases of hydrophobia and rabies, and the history and progress of local epidemics will be traced, at the same time that a careful scientific investigation is conducted with a view to the elucidation of some of the many doubtful points which characterise the present state of our knowledge of this disease.—*Medical Examiner*.

THE STATISTICAL SOCIETY.

THE subject of the essay to which the Howard medal of this society will be awarded next year is announced as *The effects of Health and Disease in Military and Naval operations*. In addition to the medal the council of the society have resolved on granting the sum of £20 to the successful essayist in 1878. All essays are to be sent in before the 30th of June next. All particulars and explanations may be obtained from the assistant secretary of the society, at his office, King's College Entrance, Strand, London, W.C.

LONDON SCHOOL OF HOMŒOPATHY.

52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

Amount of Subscriptions and Donations already acknowledged,
£8,517 11s. 0d.

New Medical Governors in addition to those announced last month.

C. F. Fischer, Esq., M.D. £10 0 0

New Subscriptions and Donations.

*Miss Alexander	...	...	...	£0 10 0
Mr. Selkirk Baker, per A. C. Clifton, Esq.				0 10 0
Mr. Bryant	do.	do.	...	1 0 0
Horace Hall, Esq.	do.	do.	...	0 10 6
Mr. Leech	do.	do.	...	0 10 0
Miss Marsh	do.	do.	...	0 10 6
Mr. Nightingale	do.	do.	...	1 1 0
C. S. Poole, Esq.	do.	do.	...	1 1 0
Mr. Roe	do.	do.	...	1 1 0
Mr. Smart	do.	do.	...	0 10 0
Miss Smithers	do.	do.	...	1 0 0
R. H. Thompson, Esq.	do.	do.	...	1 1 0
Mr. Walduck	do.	do.	...	1 1 0
Dr. Bayes (additional subscription)			...	10 0 0

* Indicates annual subscriptions.

During the past month many valuable gifts to the library and to the museum have been received—among others, four volumes from Dr. Stennines.

The medical governors will be summoned shortly to discuss the desirability of opening an evening class for the instruction of female missionaries going to the East (especially to China and India) in the rudiments of medicine and surgery.

In addition to Dr. Hughes' and Dr. Dyce Brown's courses, Dr. Cooper has been giving, and continues to give, an interesting course of lectures on Diseases of the Ears.

Subscriptions and Donations are very urgently requested, and may be forwarded to the Treasurer, to the Bankers, to Dr. BAYES, Hon. Sec., or to

Dec., 1877.

FRED. MAYCOCK, *Secretary.*

BRITISH HOMŒOPATHIC SOCIETY.

THE Third Ordinary Meeting of this Society will take place on Thursday, the 6th of December, 1877.

A Paper will be read by ARTHUR CLIFTON, Esq., of Northampton, entitled, "*On the Antecedent Symptoms (Constitutional or Diathetic) to local Cancerous Deposit, illustrated by Cases.*"

NEW INVENTIONS.

DRS. BROTHIE and ANDERSON, of Liverpool, have drawn our attention to a new midwifery forceps, which they have devised. It is a short forceps, the main feature of which is that the handle of one blade is rough, while that of the other is smooth. This is with the view of enabling the operator to see at a glance which blade he wants. The inventors assure us that this feature in the forceps has been found a great assistance to the student or young practitioner.

LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted to the London Homœopathic Hospital during the month ending November 22nd, gives the following statistics :—

Remaining in Hospital October 18th, 1877	...	41
Admitted between that date and Nov. 22nd, 1877		50

—

Discharged between Oct. 18th and Nov. 22nd	...	52
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—

Remaining in Hospital, November 22nd, 1877	...	39
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—

The number of New Out-Patients during the above time has been		526
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The total number of Out-Patients' attendances for the same period has been		1,695
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INTERNATIONAL HOMŒOPATHIC CONFERENCE.

AN international Congress of homœopathic practitioners will be held at Paris next year (during the exhibition) in the month of August. It is the intention of the committee to send invitations to the members of the various homœopathic societies throughout the world, and to the editors of the journals.

COWLAND'S COCOA.

A SPECIMEN of this preparation of Cocoa has been forwarded to us for examination, and we have much pleasure in stating that we have found it to be in all respects a good one. It has a fine flavour, good aroma, and makes as agreeable a cup of cocoa as we could desire.

**REPORT OF THE BIRMINGHAM AND MIDLAND
HOMŒOPATHIC HOSPITAL AND DISPENSARY
FOR OCTOBER.**

Number of Patients in the Hospital on 1st October	17
„ „ admitted during the month	22
	—
	39
„ „ discharged	11
„ „ died	2
„ „ remaining in Hospital on Oct. 31	26
	—
Number of New Out-Patients' cases during the month...	815
Total Out-Patient attendance	1,944
Number of visits paid to Patients at their own homes	187

ACTION FOR LIBEL.**MACKECHNIE v. POPE AND BROWN.**

THIS action, brought by Dr. Mackechnie against the editors of this *Review* to recover damages (laid in the statement of claim at £500) for remarks—styled by the plaintiff “false and defamatory”—contained on p. 661 of the November number for last year, in that for January, 1877, p. 67, and in that for February, p. 181, was heard in the Court of Common Pleas, Westminster, before Mr. Justice Denman and a special jury, on the 29th ult., when a juror was withdrawn at the suggestion of the judge, who remarked that the action was one which ought never to have been brought.

For the plaintiff Mr. Serjeant Parry, Mr. M. Howard, Q.C., Sir Thurston Baker, and Mr. Hardy appeared. For the defendants Mr. Willis, Q.C., and Mr. Francis. Solicitors for plaintiff, Mr. J. Rae, 9, Mincing Lane; for defendants, Mr. E. Pope, 12, Gray's Inn Square.

OBITUARY.

DR. CLOTAR MÜLLER.

THE following notice appears in the *Allgemeine Homöopathische Zeitung* of the 20th ult., and will be read by all who are acquainted with homœopathic literature with deep regret:—

"A new and crushing blow has fallen upon us. The intelligence has just reached us that our colleague, Clotar Müller, died suddenly on the 10th of November, after a very short illness at Lugano, Canton Tessin, Switzerland. He had gone southwards in order to escape the injurious effects of our own changeable climate, although he had speedily and completely recovered from the severe attack of embolic pneumonia from which he suffered last May. The news received from him encouraged the hope that he would return with renewed vigour to work once more in aid of our cause. He was, however, seized anew, apparently from over-exertion, as far as we can make out, with pleurisy of the left side, and congestion of the right lung. Even this attack, however, took so favourable a course that the physician, under whose care he was, was on the point of leaving him again, when he suddenly fell dead in his chair. What the precise cause of death may have been we are unable to say, as no *post mortem* examination was performed. Apparently embolism of the brain.

"The services rendered by the deceased to the cause of homœopathy will be remembered with thankfulness as long as homœopathic physicians exist."

CORRESPONDENCE.

THE TWO HOMŒOPATHIES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—the utterances of an accredited lecturer of the London School of Homœopathy necessarily carry weight with them, because they are to a certain extent endorsed by the School itself; hence any errors which may occur therein require more than ever to be corrected.

I have read with great interest Dr. Richard Hughes' paper on the above subject, read at the last Congress, and now published in *M. H. R.* for Nov., 1877, but I fail to see that he has proved his point. For my own part I cannot recognise *two* homœopathies, or the existence of "a young Obadiah and an old Obadiah" in connection therewith; or if, indeed, we *must* divide the history of Hahnemann's teaching into three periods—as Dr. Hughes at the end of his paper suggests, though he only illustrates the first two—I can only consider them to be the

gradual unfolding of the Tree of Life, first the bud, then the flower, then the fruit.

I do not propose at present to enter fully upon the historical development of Hahnemann's homœopathy; to do so would require an essay on each subject; therefore I will only touch upon those points to which Dr. Hughes has alluded.

The "first homœopathy," according to Dr. Hughes, extended from 1796 to 1806. At this period, he tells us, Hahnemann gave his medicines "singly," but "in the usual doses." After referring to the aggravation which Hahnemann sometimes noticed, he continues: "Accordingly—in 1801—we find him recommending *bell.*, *op.*, and *cham.*, in fractional quantities, about equivalent to our 8rd centesimal dilution." The natural inference to be derived from this is that Hahnemann began with the ordinary doses, and in 1801 first gave infinitesimals. A similar statement is made in an editorial review in *M. H. R.* for 1868, p. 608, where we read: "This case (of aggravation from ordinary doses) occurred in 1797, while we hear nothing of small doses until three years later, those employed in the interval being all large." But this is a great error. Hahnemann's progressive teachings as to the dose are fully detailed in the appendix to Fincke's work on "High Potencies." There we find that in 1796, in the very first paper that Hahnemann wrote on homœopathy, he speaks emphatically of the necessity of giving "little doses." In 1799 he speaks of giving 1/5,000,000th grain of opium, and 1/24,000,000th grain of dried juice of *bell.* Thus the *small* dose was a part of Hahnemann's system from the first, and the *infinitesimal* dose almost from the first.

Dr. Hughes next refers to a number of physicians who he says adopt this *first* homœopathy. He says: "They have accepted his method as he himself then conceived it—with its laws of similarity, its provings of medicines on the healthy, its single medicine and its small dose." He then explains that we, with Dr. Lippe at our head, stigmatise these as "mongrels" (Hahnemann's own word, not ours), and wish to exclude and excommunicate them. This certainly will be news to Dr. Lippe. I am not aware that he or any other follower of Hahnemann ever wished to exclude those who accepted the propositions just laid down, for these propositions are the fundamental laws of homœopathy. But Dr. Hughes, having made this assertion about these physicians, immediately proceeds to contradict it. He admits that they "prefer to work the rule *similia similibus* with pathological similarities, where they are attainable; though in their default they thankfully use the comparison of symptoms." This adoption of pathology as the *basis* of treatment, symptomatology being placed in the second rank, is directly contrary to Hahnemann's teaching even at this early date, as I shall presently show. Dr. Hughes

continues: "They do not mix medicines, but they often alternate them, and they supplement them more or less with such agents as—lying outside the range of pure homœopathic medicines—are commonly called auxiliaries." But Dr. Hughes is in error to begin with. Many of them—not neophytes, but veterans in the ranks of professed homœopaths—do frequently mix medicines, as I know by their own prescriptions in my possession; but, passing this over, Hahnemann was opposed to all such "alternation." "Alternating" two medicines is merely mixing them in the patient's system instead of in the medicine bottle, and it is directly opposed to Hahnemann's teaching *from first to last*. When *habitually* practised, it shows gross ignorance of the *Materia Medica*, and is besides unscientific. Were I ever to depart so far from Hahnemann and common sense as to give other than the single remedy, I would prefer to mix them, rather than to alternate. In the first process, I should at least see what certain definite mixtures would do; but from the latter, where one medicine has some hours start of the other, nothing can be learnt.

Having pointed out the *real* character of the practice of this school, let us see what Dr. Hughes says about them. He says: "If men have *in bona fide* cast in their lot with us; if they have sought membership in homœopathic societies, have written in homœopathic journals, and worked in homœopathic hospitals or dispensaries; if they are content, out of devotion to the common cause, to co-operate with their stricter colleagues in spite of what they must consider their extravagances, surely the latter may be content to co-operate with them." Hahnemann's true followers have obtained their success and reputation by closely adhering to their master's teaching; and now a number of physicians only half educated in homœopathy, and only half believing therein, want to join us and assume our name, appropriating to themselves a share of our glory, while putting upon our shoulders (in the eyes of the public, who do not always discriminate) a share of their blunders. And these men, forsooth, we are asked to receive as brother homœopaths. A very modest request truly! We beg to inform them that their polite request is declined with thanks, and that while we joyfully extend a helping hand to beginners who search for help in the midst of their natural mistakes, to those who have deliberately made up their minds to reject Hahnemann's rules, we say, "You are eclectics, not homœopaths, and we only acknowledge you as brethren as we do the allopaths, in the sense of being *physicians*."

Dr. Hughes refers to this middle school of "less distinctive homœopathy" as being more likely to bring converts to our ranks, and to obtain the recognition of our system. That is to say, that the allopaths are more likely to be won by a compromise

than by plain straightforward dealing. My own experience is the reverse; there are many allopaths with whom I am on friendly terms; they all respect me as *honest*, though they differ from me; but they reserve the vials of their wrath for the professed homœopaths who mix the two systems, their language on the subject being sometimes rather emphatic. My friend Dr. Skinner had seen enough of *mongrel* homœopathy, but was not converted thereby; but I converted him to *true* homœopathy, and in a letter to me he once said, "If you had not been a Hahnemannian, you would never have converted me." *Ex uno disce omnes.*

Dr. Hughes now proceeds to the second homœopathy, the date of which he says was from 1806 to 1828. The four points of difference, according to him, are (1), individualisation; (2), dynamisation; (3), the single dose; and (4), the doctrine of chronic diseases. Let us examine these in detail. (1) At p. 678 Dr. Hughes says of his first period of homœopathy: "They find him (Hahnemann) allowing the existence of certain specific diseases, always essentially identical, for which fixed remedies can be ascertained." Of the second period, he says that Hahnemann found that different symptoms were of different relative value, and that "these views led him to attach less importance than he had formerly done to the disease—as nosologically or pathologically defined—which was before him, and to think more of the special sufferings of each patient. The result was the doctrine expressed in the phrase 'individualisation.'" The *qualitative* as well as the *quantitative* estimation of symptoms is merely a necessary and logical sequence of the doctrine of symptomatological treatment, therefore cannot be considered a distinct phase; but the question of *individualisation* remains. Here Dr. Hughes is quite in error. It is true that Hahnemann mentions certain diseases, and refers to certain remedies to be used in such cases; but this was merely for convenience, and to attract the attention of those who had been accustomed to such names. Hahnemann *never* meant that we should prescribe according to the *name* of the disease. If Dr. Hughes will refer to p. 564 of *M. H. R.* for 1863, he will find the following quotation from Hahnemann's paper written in 1801, that is, in the first period of homœopathy: "Would it not be better to say 'Dear Colleague, let us together investigate and observe the many and various kinds of intermittent fevers, and let us unite in laying before the world the discoveries we thus make, as to which kind among them may be, *cæteris paribus*, always cured by *cinchona*, which by *sal-ammoniac*, which by *chamomile*, which by *ignatia*, which by *capsicum*, &c.'" Surely this should be conclusive that even at this early period Hahnemann selected the remedy strictly according to the *symptoms of the individual case*, and not according to the *name* or *pathological character* of the disease.

2. The second point of difference claimed by Dr. Hughes is that Hahnemann now upheld the doctrine that medicine *gained* curative power by dilution. While this is perfectly true, yet the fact that he even in the *first* period used infinitesimals, shows that no clear line of demarcation can be drawn here.

3. The third point is said to be the doctrine of giving a single dose. But this, so far from being peculiar to the second period, belonged to the first period of homœopathy, and even *preceded it*. Thus in an article published in Hufeland's Journal, 1797 (one year after his *first* annunciation of homœopathy), entitled "*Sind die Hindernisse der Gewissheit und Einfachheit der praktischen Arzneikunde unübersteiglich,*" Hahnemann says:—"For several years since, I never administered anything else but one single remedy at a time; and at once, and that I have never repeated it until the action of the former dose had expired."

(4). Lastly, Dr. Hughes refers to Hahnemann's doctrine of chronic diseases. This in its development was certainly an advance, but inasmuch as Hahnemann held it from the first as far as syphilis was concerned, and as it briefly amounts to this, that the remedies which can *eradicate* chronic diseases must be homœopathic to the past as well as the present symptoms, that is to the *entire* constitutional state, it is after all merely a *completion* of the law of similars.

I fail, therefore, in any one of these four points, to see the clear line of demarcation which Dr. Hughes claims to exist, and in the first and third points there is positively no difference at all.

Before proceeding further, let me note what Dr. Hughes says about psora. He denies that he endorses "the psora-theory in its definite dependence on the entity itch," and says that "Hahnemann was indubitably in error about the pathological significance of this disease, as was Autenrieth and many others before him and after him." But where does Hahnemann say that psora definitely depends "upon the entity itch?" He says nothing of the sort, though this error has been repeated over and over again. He merely mentions itch as *one* of the external manifestations of psora. In the 1st vol. of *Chronic Diseases*, p. 20, he speaks of "vestiges of the itch" showing themselves in the shape of "small pustules or herpes, &c." At p. 25 he speaks of *leprosy* as one of its external manifestations in former times; at p. 26 he says: "These means, together with an increasing refinement and more select nourishment, succeeded, in a couple of centuries, in diminishing the disgusting appearance of psora so as to reduce the disease, towards the end of the 15th century, to the ordinary eruption of the itch." Again, at p. 49, he says: "These few cases, drawn from the writings of the older physicians and from my own experience, are sufficient to convince the intelligent observer that the itch, together with its varieties,

tinea capitis, *crusta lactea*, *herpes*, &c., are the external vicarious symptoms of an internal disease affecting the whole organism." Is it not clear from this, that Hahnemann merely mentions "itch" as being one of the external manifestations of psora, and the most frequent one at the time he wrote?

Again, what error did Hahnemann commit about the pathological signification of itch? He was perfectly aware of the existence of the *acarus*, as his published writings show; the fact that he did not mention it in his *Chronic Diseases* shows that he had come to regard it as an *accompaniment* only, and not a *cause*, in which respect he is endorsed by at least one eminent dermatologist of modern times.

Apropos of this question, the following quotation from Grauvogl (by no means a strict follower of Hahnemann) may be read with advantage: "The gentlemen of these schools [Rademacher's and the Physiological school] know nothing more of the itch than that a mite, the *acarus scabiei*, produces it. But had they only been practising physicians twenty-five years ago, at which time cases of itch were to be seen of the severest and most extensive kind, then they would have found that many of these patients not only had those eruptions, but were frequently attacked at the same time with violent fever of acute forms, inflammations of all kinds, &c.; that after the destruction of all the mites, and the removing by inunction of the copiously discharging eruptions, such diseases rapidly ran a fatal course, or left behind them chronic diseases; that hence these violent phenomena, *constantly* following the itch, could not be dependent merely upon the presence of the mites, but upon their specific excretion or excrements taken up by the blood, if indeed it may not be assumed, from historic facts, that the *acarus* itself is not always the cause, but rather the result, the final product. But since, for many years past, on account of police regulations, the itch mite is not only much less often found, but is at once destroyed when its first appearance is observed, and its further reproduction is rendered impossible; since the disease has become harmless on account of the infinitely small number of mites when compared with the billions which formerly used to abide in one human skin; since, moreover, the physiology, pathology, and therapeutics of the present day have become a feeble product of *modern times*, and for these the whole history of medicine is written in vain; therefore physicians, in their indescribable short-sightedness, allow themselves to make the most fabulous comments upon the experiences of an Autenrieth, a Hahnemann, &c. But let ignorance do as it pleases; we are not responsible for its acts or its views." (*Lebrbuch der Homœopathie*. 1865. Part 2, section 292.)

With regard to the third period of Hahnemann's life, from 1828

to 1843, Dr. Hughes says little. He says that the "new points which a man makes after 74 have no *a priori* recommendations in their favour; and that the first of these here was the fixing the 30th attenuation as the uniform dose of all medicines, whether for provings or for curative purposes, does not invite us to welcome the rest. To make the Hahnemann of 1830-43 our guide is, I think, to commit ourselves to his senility." His mental senility is simply a question of evidence, and is refuted by Croserio, who, having frequently witnessed Hahnemann's latest practice, says: "In this manner he effected the most marvellous cures, even in cases in which the rest of us had been able to do nothing."

But, curiously enough, the chief if not the only change in Hahnemann's latest practice is unnoticed by Dr. Hughes, while that which he mentions has no real existence. Up to the publication of the fourth edition of the *Organon* in 1829, Hahnemann's rule had been to give only one dose. In the fifth edition (1833) and afterwards, he states that it is sometimes requisite to give repeated doses, the reason for it being plainly stated in *Organon*, 246 note, viz., that a single dose is not always sufficient unless the *simillimum* is perfect. This real change of practice is that adopted by Dr. Hughes himself, who therefore, by his own showing, follows Hahnemann "in his senility."

The other (supposed) change, of fixing the attenuation at the 30th, is a very common error, frequently refuted, but repeated again notwithstanding. The fact is that Hahnemann *at one time* recommended the 30th dilution *for the sake of uniformity*, but afterwards gave higher dilutions. Here are the proofs. Korsakoff first announced certain very high potencies in 1832, upon which Hahnemann wrote as follows: "In the meantime it is to be borne in mind that this proportion (1500th of sulphur) aids the investigation of how high the potentized medicinal dilution can be carried, without its effects on the human susceptibility becoming a nullity, upon which every experiment is invaluable. Still, for the homœopathic treatment of the sick, it is *appropriate* in the preparation of medicines of all kinds, to adhere to the decillionth dilution and potentization, *that homœopathic physicians may have uniform results in their cures.*" Even in the *Organon* 246 note, where he speaks most strongly about the potency and the dose, he does not recommend "the 30th," but "*one of the high dynamizations (30).*" In vol. 5 of *Chronic Diseases*, published 1838, he says: "Thus we obtain even in the 50th potency, medicines of the most penetrating efficacy." His cases in 1842-3, published by Bœnninghausen, show that he used the 60th potency; while finally he says in *Organon* 287 note, that the higher the potency the more rapid and penetrating is the

action, even when carried to 60, 150, 300 and higher, thereby fixing no limit whatever.

In conclusion, Dr. Hughes states that he feels indebted to Dr. Dunham "for a conviction of the reasonableness of Hahnemann's fuller doctrine." Nevertheless, in the November number of the *U.S. Medical Investigator*, written after he had met Dr. Dunham, Dr. Hughes still appears as the champion of the pathological school. May I remind him that so long as he prefers to select the remedy according to pathological views, resorting to "symptom-treatment" only when the former fails, he cannot claim to be an adherent even of Hahnemann's earlier teaching, least of all that of his matured genius.

I am, &c.,

4, Highbury New Park.
Nov. 5th, 1877.

E. W. BERRIDGE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—You have desired that I should at once say anything I think necessary, in reply to Dr. Berridge's communication, that the discussion may be closed. I am glad to accede to your wish.

I have read our colleague's remarks—with pleasure at finding him in less ungenial mood than that in which he commonly mingles in controversy, with regret that he shows himself unwilling to receive the olive-branch I held out in the midst of our sadly-divided body. My object in reading this paper on "*The Two Homœopathies*" was two-fold. On the one hand I saw, among those who call themselves Hahnemannians, signs of an impending schism which (I felt) would seriously impair the force of our common testimony to the truth of homœopathy in its essence. On the other, it seemed to me that the main body of homœopathists, in their sense of independence of judgment, and their revolt from the exclusiveness and exaggeration of certain later developments of our system, had too much neglected the elaborations of it carried out by Hahnemann in the ripest years of his life. I had myself been learning the reasonableness of these, and their fruitfulness in practice, of late years, and I desired to commend the "higher homœopathy" they embody to the attention of my brethren; while, having the threatened separation in view, I sought to vindicate the soundness of the position of those who, unable to go further with Hahnemann than in his earlier sketch of his method, nevertheless joined themselves to his followers. I did not, indeed, ask that such men should be "received as brother homœopathists," as Dr. Berridge puts it; I rather besought those whose views were more exclusive not to separate themselves from them.

The argument of Dr. Berridge's letter is directed, first, to minimise the differences between Hahnemann's earlier and later

homœopathy, and, secondly, to deny that the former is truly practised by the liberal members of our school. To follow him into the details which the first question involves would take up more of my time and of your space than either of us can afford. I must content myself with referring to Hahnemann's own writings for a true view of the two stages I have pictured. The second would be a more important point, but that Dr. Berridge hardly touches it. He merely objects that to work the law of similars with pathological instead of symptomatic resemblances is directly contrary to Hahnemann's teaching even at that early date, and that alternations "are utterly inadmissible." I must leave others to defend themselves on this last point, on which I am not without sympathy with my critic. But the question between pathological and symptomatic similarity is merely one of words. Hahnemann wisely abstained from attempting to reach the former in his day, since to do so was to abandon firm ground for an ocean of speculation. It is not so now. The progress of science has enabled us to see into regions about which men then only guessed. The contracted kidney, for instance, with its group of associated changes, is as much a reality to us as any set of outward symptoms could be in Hahnemann's time, and we should fit its remedies accordingly. Homœopathy says—*similia similibus curentur*, not—*symptomata similia symptomatibus similibus curentur*. I must, therefore, still maintain that the great body of those who profess and call themselves homœopaths do accept "the law of similarity, the proving of medicines on the healthy, the single medicine, and the small dose," which Dr. Berridge himself allows to be the fundamental propositions of the system; and that the interests of liberty and truth will be gravely compromised by any attempt to arrogate the name exclusively to those few who go the whole distance with its originator.

I am, Gentlemen, faithfully yours,

RICHARD HUGHES.

LOCAL APPLICATIONS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Will you be good enough to allow me to say, in reply to Dr. Dyce Brown's complaint against the language I am reported to have used at the Congress, that I should regret exceedingly to represent any one as saying the very reverse of what he did say, and that I should still further regret to find that cases of curable follicular pharyngitis had ever been met with by the Professor of the Principles and Practice of Homœopathic Medicine, which refused to yield to treatment until local applications had been employed.

My single object in either writing or speaking—as, of course, it

must also be the object of Dr. Dyce Brown, whether in his public or in his private capacity—is the elucidation of truth; but I forbear further remark until he has favoured us with his promised paper on Local Treatment, when, his views being more fully before us, I will most probably ask you for space in the *Review* for some observations on the general aspect of the subjects which his lecture, published in your pages in September last, has brought prominently to the notice of the Profession.

I am, Gentlemen, faithfully yours,

G. FENTON CAMERON, M.D. Edin.

London, November 19th, 1877.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications have been received from Drs. BLACKLEY, BAYES, BERRIDGE and HUGHES, and Captain MATCOCK, London; Dr. GIBBS BLAKE and E. MADDEN, Birmingham; Dr. BLUMBERG, Southport; Drs. DRYSDALE and HATWARD, Liverpool; Dr. MASSY, San Ramo; Dr. RICHARDSON, St. Louis; Dr. LILIENTHAL, New York.

BOOKS RECEIVED.

Homœopathy the Science of Therapeutics. A collection of Papers elucidating and illustrating the Principles of Homœopathy. By C. Dunham, M.A., M.D. F. Hart & Co., Murray Street, New York.

Is Scientific Materialism Compatible with Dogmatic Theology? By J. Drysdale, M.D. London: Baillière, Tindall & Co., 1877.

A System of Obstetrics on Homœopathic Principles. By W. C. Richardson, M.D., Professor of Obstetrics Hom. Med. Coll., Missouri. St. Louis, Schrock & Co., 1877.

Traumatism as a Factor in the Diseases of Women. A Lecture by R. Ludlam, M.D. Chicago, 1877.

On the Causes of Professional Opposition to Homœopathy. By Alfred C. Pope. London: Gould & Son.

Transactions of the British Homœopathic Congress, Sept. 13, 1877. Alfred C. Pope, M.D., President. London: Gould & Son, 1877.

The Medical Examiner.

Student's Journal and Hospital Gazette.

National Anti-Compulsory Vaccination Reporter. Oct. and Nov.

The Chemist and Druggist.

The New England Medical Gazette. Nov. Boston.

The Cincinnati Medical Advance. Nov. Cincinnati.

The U.S. Med. Investigator. Oct. Chicago.

American Observer. Sept. Detroit.

The Homœopathic Times. Oct. New York.

The Californian Medical Times. July and Oct. San Francisco.

Bibliothèque Homœopathique. Oct. and Nov. Paris.

Revue Hom. Belge. Oct. Bruxelles.

Allgemeine Hom. Zeitung. Nov. Leipzig.

El Criterio Médico. Oct. and Nov. Madrid.

Archivos de la Medicina Homœopática. Numero 1. Barcelona, 1877.

Rivista Omiopatica. Oct. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 2, Finsbury Circus, E.C., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

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